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Enter,—the Nurse-Midwife

By EDNA C. ROCKSTROH, R.N.

Foreword—The Kentucky Committee for Mothers and Babies, Inc., which has begun its work in Leslie County in the eastern mountainous section of the state, has as its first objective the reduction of the rural maternal and infant death rate by providing a service of public health nurses who are also graduate midwives. The second objective is to afford our rural population the same skilled generalized nursing care now regularly provided in cities only.

The nurse-midwives live in centers located within a radius of not more than five miles, and cover a population of not more than eight hundred to each nurse-midwife. Their work is carried forward on horseback through a country without telegraph, telephone, bridges, automobiles or railroads. The county area is 373 square miles of rugged highland, occupied by 10,097 people of the finest early American stock, of whom 313 live at the county seat of Hyden, the only town.

The finances and policies of this service are determined by the state committee, but the local situation is handled through a strong county committee.

The members of this county group who live in an area covered by a nursing center, form automatically a district committee which meets monthly to hear the reports of the nurse-midwife and advise with them. The system is adapted from that prevailing in rural Great Britain, (Queen's Nurses) and especially in the Scottish Highlands and Islands.



A NEW KENTUCKY BABY DELIVERED
BY A NURSE-MIDWIFE

The author of the accompanying paper does not do justice to the difficulties of the

task. This first little band of nurse-midwives, self-dedicated and self-prepared to tackle the greatest problem confronting the American nursing world today, regard the danger and hardships offered them by the Kentucky Committee as a golden opportunity.

Mary Breckinridge, R.N.

The Work at Hyden

IN describing the field work of the Kentucky Committee, I will take the Hyden Center as a model, since that was the first one in the county of its kind; it is located at the county seat, and is headquarters for the nursing supervisor. Both the generalized nursing and the midwifery are carried forward by two nurses and the area is divided into two districts to enable each nurse-midwife to have her own and be responsible for it. But deliveries are taken alternately as much as possible.

Each nurse-midwife is equipped with a horse, saddle and two saddle bags. One saddle bag is fitted for general nursing, prenatal and postpartum work and, in case the nurse should be caught out on a delivery, as has happened several times, the bag is equipped with the absolute essentials. Both bags are lined with washable, removable linings; small washable bags are used to hold supplies of cotton, dressings and bandages, tongue depressors and applicators, urinalysis outfit, and vaccine outfit. The supplies are divided in such a way as to even the weight of both sides of the saddle bags, and to prevent the nurse from having to open both sides when medications are not necessary. Small bottles are packed in the irrigation can and in tin containers, to prevent breakage. The weight of the general nursing bags, packed, is thirty-eight pounds.

When a nurse goes out in the morning, after currying and saddling her horse, she plans her work so that prenatal and postpartum cases are seen first, as far as possible, but since it sometimes takes two hours to reach the creek on which a given patient lives, as many health visits are made along that creek, as is possible, each time, in such a way that:

(1) Babies from ten days to one month old are seen once a week,

(2) Babies from one month to two years are seen twice a month,

(3) Pre-school children are seen once a month,

(4) Prenatal cases are seen every two weeks to the seventh month and every week from then until delivery,

(5) School children are seen every three months if possible and adults also are visited for health work as we can fit them in.

Upon the nurse's arrival at the home, a friendly visit is made, advice given and the following rules adhered to as much as possible:

(1) When necessary to open the bags, choose a place near a table, box or chair to place the bags.

(2) Loosen the straps, remove paper napkins, using these to protect the surface, and put out hand basin, soap, Lysol, towel and apron.

(3) Wash hands, put on apron, throw away dirty water and have basin and supply of fresh Lysol solution ready for future use. Hands are rinsed each time before re-entering bag, if that is necessary.

(4) On completion of visit wash hands, wipe out basin with Lysol, replace articles.

(5) Written instructions are left if any treatment or medication is to be given in absence of nurse, between calls, if the family can read.

The same rules apply to prenatal visits. When T.P.R. are taken, Lysol and cotton are used to cleanse the thermometer, since very often the family supply of water comes from the near-by creek or open spring into which all surface drainage enters, and the family dipper is kept in the pail and used indiscriminately.

On prenatal visits:

(1) The blood pressure is taken.

(2) The breasts are inspected.

(3) Abdominal palpation is made.

(4) Patient is inspected for edema.

(5) Urine is examined for albumen and sugar.

After each patient is gone over, advice is given; diet, preparation for delivery and baby clothes are emphasized on every visit. Every attempt is made



READY FOR THE DAY. THE AUTHOR, WITH HER HORSE, LADY JANE, AT THE LEFT

to have the patients come to the dispensary, when distances and conditions permit, for at least one visit to see the demonstration of preparation for delivery and baby, as heretofore little or no preparation has been made for either.

Prenatal care is urged for all mothers, even those who still prefer an untrained rural midwife for delivery. With few exceptions, all cases delivered by the nurse-midwives have had at least one month's prenatal care, and we have several cases now which have registered seven or eight months ahead. Any abnormal condition found, either on examination (when measurements internal and external are taken on all primigravida, external only on multipara, unless the history calls for more) or at any time during the prenatal period, is reported to the supervisor. Medical advice is then secured from the nearest physician, who may be located many hours' travel away, or the case is sent to a hospital in Lexington, to be placed under the care of one of the obstetricians on the Kentucky Committee. Such a trip involves a day's travel on horseback or in a wagon, and a night by train.

Postpartum care is given to all of our

own deliveries for the first ten days, daily, if the patient lives within three miles of the center; otherwise care is given every other day. The case is then seen as nearly as possible twice a week until closed, as a midwifery case, one month from the date of delivery.

On a postpartum visit, the mother is usually attended first, T.P.R. taken, a complete bed bath given once in the first three days, breasts inspected, perineal dressing and height of fundus on every visit. She is thus made comfortable and can enjoy looking on and learning the proper handling of her baby. The baby receives a daily sponge, if over seven pounds, otherwise an oil rub. A dry dressing is kept on the cord and special care is taken to teach the mother the care of the genitalia.

General Health Activities

AT Hyden, two afternoons a week are set aside for the weighing, measuring and vaccinating of children. The Red Cross classes in Home Hygiene and Care of the Sick are given to the high school girls and those of the seventh and eighth grades on those clinic afternoons. Two mornings a

week are given to clinics for our mothers, babies and prenatal cases. Twenty-minute talks are given to the first six grades of the Hyden Grammar School once a month.

At the request of the State Health Officer, Dr. McCormack, an honorary member of our organization, we inoculate against typhoid and give diphtheretic toxin-antitoxin as well as vaccinate against smallpox. Clinics are being held at the various schools within our districts in an attempt to get as many of the school children as possible inoculated. Adults and pre-school children also come to these clinics. One of the biggest has been at the school on Thousandsticks where, with the splendid coöperation of the teacher, a nurse has been able to give as many as 140 hypodermics in one morning. Every one asks, "How?" This is the method:

The teacher took down the names of the children to be inoculated and their ages. The nurse kept a Sterno outfit going constantly with plenty of boiling water, using two hypo barrels, clean forceps, and six needles, with two clean hypos, one filled with typhoid vaccine and one with toxin-antitoxin. As each child came up to the nurse to be "shot" the teacher gave the name and age and whether this was to be the first, second or third shot. After the vaccine was given, the teacher checked the name, used needles were dropped into the boiling water, after the removal of the clean ones, and the process continued.

The heads, teeth and throats of the children and to some extent the eyes are inspected at different times throughout the year and the nurses have been able to arrange for the treatment of many abnormalities. Physicians interested in the work are glad to come up and hold clinics in the county and the Children's Free Hospital in Louisville will take cases which are carried down on passes furnished by the L. & N. Railroad. No less than eleven different physicians in Louisville and Lexington have given free care.

Delivery calls from patients regis-

tered are answered night or day, whether we can ride or, in rough weather and high water, we must pole across the river and scramble over the trails on foot. When the father can come for us, we can go back with him.

The great majority of our families live in one room cabins, log or box, with a lean-to kitchen. The main room usually has its walls covered with newspapers pasted on to keep some of the wind and wet from coming through. The floors are bare and often the door is the only entrance for light. There are usually, depending on the size of the room, two or three large double beds and, if the family is very poor, corn husk mattresses are used, with feather beds on top. Heavy cotton quilts are used instead of blankets, and bottom sheets only, if any. A straight chair or two, perhaps a table, box or trunk, complete the furnishings. The fire board (over the open fire) is used for everything from dishes to castor oil. Dozens of canning jars surround the fireplace or stand under the bed, as these are the foodstuffs put up in the early fall for winter use and they must be kept from freezing.

The Saddle Bags

THE bags used for delivery are packed in the same manner as the general nursing bags. They weigh ten pounds more, since they have a two-yard square rubber sheet and five enamel basins. We carry with us a lantern, in case we find no other light than that of the open fire or an oil lamp with no chimney, as is often the case.

Upon arrival in the home we try to carry on as follows:

- (1) Loosen straps of bag, wash hands in family basin.
- (2) See that there is plenty of hot water at hand.
- (3) See that the patient is ready for delivery—clean gown, hair braided.
- (4) Prepare the bed, protecting the

mattress. Put on bed pad and cover all with rubber sheet.

(5) Have ready perineal pads, clean gown, canning jars which are used in place of hot water bottles for mother, and blanket to receive baby with baby's clothes.

(6) Arrange a near-by table, box or trunk top with newspaper for protection and put out Lysol and necessary supplies.

(7) In our own basins we boil gloves, scissors, artery clamps and cord ties.

The nurse-midwife then puts on a rubber apron with a white gown to cover, does an abdominal examination and prepares the patient. If it seems advisable, she then scrubs up, puts on one rubber glove and examines the patient internally. She delivers, as she has been taught, between pains to avoid a tear, and in such a way as to keep control of the fundus with the left hand.

As soon as the baby's head is delivered, the eyes, are wiped with dry, sterile gauze. After delivery the cord is clamped, the baby is rolled in a blanket and handed over to one of the family to hold by the fire or, if there is no one else present, the baby is laid near, where the nurse can keep a watchful eye on it. The nurse then quickly removes her soiled glove and uses that hand to receive the placenta. A dose of ergot is given immediately, the fundus is held, and the patient's pulse watched closely. The nurse then scrubs and the mother is cleaned up and given a warm drink, then left, warm and comfortable, to rest, while the nurse attends to the baby.

She scrubs again and puts nitrate of silver in the baby's eyes. The baby is then cleansed with warm oil, the cord is tied and a dry sterile dressing applied. He is then put to the breast for five minutes and is put in his own bed, provided there is one.

The mother is then re-examined and her T. P. R. taken. The record is written up. Before leaving, the nurse-mid-



SADDLE BAGS AND THEIR CONTENTS

wife leaves instructions with the person in charge to watch for excessive bleeding and, should it occur, to send for her at once, meanwhile giving a dose of ergot which is left ready prepared, and to elevate the foot of the bed. Instructions are also left to watch the baby for bleeding cord as well as its general condition. The nurse-midwife always remains with the patient for at least one hour after delivery. Once on a delivery call, unless we are absolutely sure the patient is not in labor, we have to remain, as travel is far too difficult, especially at night, and distances are too great to go and return. One is frequently on a delivery from eighteen to thirty-six hours, and we consider that the care and moral support given to the mother in the long first stage of labor is one of the best services the nurse-midwife renders her patient. When we have brought her through that, rested and content, she is much better prepared to face the actual delivery.

Our records are kept in alphabetical order, in family folders: pink cards for babies, blue for pre-school, yellow for school, white for adults. A yellow double sheet is used for midwifery cases.

Daily time sheets are kept by each nurse from which monthly records are compiled for each district. The chief

difference in our division of time and that of other organizations is that of actual care of horses given by the nurses; and that travel time, at the end of the month, at least equals that of all the hours spent on home visits.

We have found that the patients have responded to our teaching wonderfully. Within the past fifteen months, in the

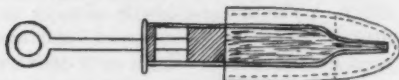
Hyden district, four baby cabinets and twelve individual beds have been made in the homes, although heretofore the mother and the three or four youngest have always slept together. All of the patients have layettes. No canvassing has to be done, and we are now registering patients for their second delivery with us.

Sterile Ointments

A Practical Device for Their Use

BY ELLA HASENJAEGER, R.N.

ONE of the problems which confront doctors and nurses in applying ointments is the possibility of using contaminated material. To overcome this, an inexpensive 30 c.c. to 60 c.c. asepto syringe has been found to be practical.



The same type of syringe, but not so large, can be used advantageously in applying ointments to the mucous membrane of the eye.

The other procedure of applying an ointment by the use of cotton on a sterile applicator may be both painful and irritating to the patient, aside from the danger of shreds of cotton being wiped into the eye, which would tend to cause greater irritation; therefore the use of the syringe pictured is both a comfort to the patient and a simple procedure for the doctor or the nurse.

The procedure is as follows: The syringe is boiled until it is sterile, the sterilized vaseline or ointment is drawn into the syringe while it is still in a liquid state.

A cap of canvas or duck, with a double tip, is made to fit the syringe. The cap is sterilized in an autoclave

and is slipped over the tip of the syringe in order to keep it from becoming contaminated.

This simple method avoids the necessity of the detail of work involved in cleansing instruments, gloves and other articles used to spread the ointment or the vaseline. It also prevents the untidiness of a tray or dressing cart one sees so frequently when ointments and dressings are being done.

As an example of its use in the eye, the lid can easily be everted, and the ointment ejected upon it, followed with a gentle massage.

Ointments can also be injected into small cavities or fistulas in a satisfactory way, without contaminating the syringe, so the task of resterilizing the container and ointment is eliminated by adopting this device.

Certain drug firms are preparing ophthalmic ointments in tubes which are valuable, but when the purchase of these is impractical, this syringe serves the same purpose, and is economical.



The Index

THE index for Vol. XXVI of the *Journal* may be obtained by sending a two-cent stamp to the American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

Meeting the Cost of Nursing Service

An Interesting and Effective Plan in Use at the University of Michigan Hospital

BY SHIRLEY C. TITUS, R.N.

THE University Hospital, face to face with a serious economic problem relative to its nursing service, which arose out of a sudden and very great expansion in bed capacity, put into operation the following plan to meet this exigency:

The nurse-personnel of the Department of Nursing was classified into two divisions; namely, *budget*, non-revenue bearing nurses; and *non-budget*, direct-revenue-bearing nurses.

The *budget* group included administrative assistants, instructors, head nurses, clinic nurses, etc. The salaries for these nurses were to be met from the general income of the hospital, and the Director of Nursing was not empowered to employ, without the consent of the Medical Director, any more nurses in this group than she had called for in her annual budget.

The non-budget nurses consisted only of graduate nurses doing general duty. The cost of these nurses was to be charged directly back to the patient receiving care from this group. The Director of Nursing was given the freedom of employing such nurses as the needs of the hospital demanded.

According to the plan, the distribution of the general duty staff was to be based on a 1 to 4 ratio, that is to say, one graduate to every four patients. The patient receiving care from this group was to pay \$1 a day and \$1 a night for this service. This additional nursing charge was not to be covered in a blanket charge, such as "room occupancy," but was to appear on the bill under the item, "Nursing."

All private and semi-private rooms,

and four-bed wards, are nursed by graduates; all open wards, by student nurses.

As the general duty nurse is on a nine-hour day, one half-day a week schedule, it is necessary to have three distinct shifts of nurses. This adjustment was made in the following manner:

For example, a unit of 32 beds is to be nursed; according to the 1 to 4 ratio, the Director of Nursing would be permitted to assign 8 day nurses to this unit and 8 night nurses, a total of 16; 8 day nurses would be detailed to this unit, but the second group would be divided into two, 5 nurses being detailed to afternoon service (3-11 p. m.) and 3 to night duty (11-7 a. m.) thus making 16 in all, the number allowed in the 1 to 4 plan.

It is necessary to note at this point that the night nurses work from 11 p. m. to 7 a. m. (8 hours) and have no half-day off a week. Nurses are transferred from one shift to another according to the decision of the nurses of that unit. In other words, the Director of Nursing does not lay down a hard and fast rule that each nurse shall serve so many days of night duty, after so many days of day duty, etc., but she permits each group, in conjunction with the Head Nurse of the unit to which they are assigned, to decide amongst themselves how long the night duty shall be, seven days, ten days, etc. This slight flexibility in the arrangements of the shifts has contributed a good deal to the general satisfaction and contentment of the general duty group.

In charging one dollar a day and one

dollar a night for nursing, the hospital's intention was merely to reimburse itself, alone, for the salary expenditure of this group. It was felt that as no direct charge would be made to the patient, if student nurses were caring for him, and as the maintenance of the student nurse is necessarily higher than that of the graduate nurse, it would be only right and proper to charge back to the patient, directly, the salary of the graduate, and charge her maintenance against the general hospital income which always cared for the student nurse group.

The general duty nurse at the University Hospital is paid \$3 a day and is given full maintenance. The hospital collects \$4 for every day's service on each general duty nurse (on the 1 to 4 ratio). This additional dollar is charged, in order to cover certain inevitable losses incurred by the institution in relation to the group. The two principal losses suffered by the hospital arise through: (1.) Unpaid accounts, (2.) Through increased expense during the summer months because of vacations and the usual summer resignations. These resignations and vacations often compel the hospital through depletion of its general duty group to call in private duty nurses (at \$6 to \$8 per day) to do general duty. The hospital suffers the loss of the difference in salary of the general duty staff nurse and the \$6 to \$8 a day nurse.

It is, of course, impossible to keep always to the 1 to 4 ratio. Often the serious condition of the patient will demand a 1 to 3 ratio; or again, on the other hand, one nurse may perfectly well be assigned to take care of five or six otology or ophthalmology patients, etc. The ratio of 1 to 4, however, is the basis on which the Director of Nursing must plan her service and it is adhered to as much as possible.

When patients become so ill that they need the entire attention of one nurse,

or when they share one nurse with one other patient, they are listed as "special care" patients and the charge rate is changed. If there is an abundance of general duty nurses, one may be assigned to render "special care" to the patient; if there is a scarcity of general duty nurses, a private duty nurse is called in from the city Central Registry. If the patient is receiving "special care" from a nurse from the general duty staff, he pays \$4 a day for such service; if he has a Central Registry nurse, he pays the usual "private duty" rate of \$6 to \$8 dollars a day. If he shares this nurse with another patient, the cost is halved. Board is rendered as an additional charge to the patient.

As a rule the University Hospital's census remains about the same; when a drop does occur, the "slack" in nursing service is taken up by assigning more of the general duty staff to care for "special care" patients.

The foregoing plan has been in operation for some fifteen months and has proven to be most satisfactory. The hospital authorities know that the patients are receiving good nursing care at a moderate cost and that this cost is being met as the expense arises; they are, therefore, no longer harassed with an ever-mounting nursing bill or complaints from under-nursed and poorly-looked-after patients.

The Director of Nursing's burden is materially lightened because:

1. She knows at all times exactly how many nurses she is privileged to employ and she has great freedom in meeting the constantly varying needs of the hospitals for whose nursing care she is responsible.
2. She is entirely free from the irritating and nerve-racking criticisms which are hurled at the head of the Director of Nursing when the nursing department has to expand and costs begin to increase.
3. She has the intense satisfaction of knowing that the patients are being properly nursed.
4. She knows that the education of the student nurse is not being sacrificed to the

ever-increasing needs of the hospital and its patients.

In closing, it is interesting to note that there have been few complaints from patients relative to the item, "Nursing," appearing on their bills. They are told, of course, on entrance that if they go to a private, semi-private, or four-bed ward they will be nursed by graduates and that they will be charged

for such service. The patient, as a rule, accepts this arrangement as a matter of course and bills are paid without comment.

It is, also, interesting to note that the present system of nursing saves many patients from the expense of having one or two special nurses. This phase has been favorably remarked upon by returned patients.

Teamwork from the Doctors

BY ELISE VAN NESS

NO one ever mentions the nursing problem in capital letters that some person does not pop out from behind the nearest rock or tree to cry, "Aha! I have the solution!"

Nurses everywhere expect this, and have listened attentively to many panaceas. To those who hearken first to one and then to another, the question is a private duty one here, a patient's there. Each one who speaks can see clearly a way out. It is he who hears the opinions of all who discovers that the answers are as numerous as the individuals and that the true solution can be found only when the voices have been heard in chorus.

This fact was strikingly brought out in a study made by the Committee on Nursing and Nursing Directory appointed in 1925 by the Medical Society of the County of Kings in Brooklyn, N. Y. In the broad survey of nursing made, this medical society assumed a leadership which has been felt the country over. The scientific methods and impartial point of view of these medical men brought results which not only had a great effect in Brooklyn, but have had weight in many other places as well. So many calls for the copies of the report were received from this country and abroad that the

supply was soon exhausted, but the news of the work done has not stopped spreading. Nurses will look with gratitude to these men for the way they chose to discover the facts.

A natural and perhaps the easiest thing for a group of this kind to do would have been to sit down and formulate, as doctors, their views of nurses, but the members went deeper than this. Like the curious person who made up his mind to learn who killed Cock Robin, they decided to ask everybody concerned with nursing what the nursing problem was.

As a committee, the members entered upon an investigation of the viewpoints of the patient, the community, the hospital, the physician and the nurse, for they knew that all were concerned in the care of any sick individual. A plan was made, as a result, to call before this group the hospital administrator, the practising physician, the training school superintendent, the director of a nurses' registry and the officers of nursing organizations. Here, certainly, were faces on all the cardinal points.

On the committee were Dr. William A. Jewett, chairman, Dr. Frank B. Cross, Dr. Joseph P. Murphy, Dr. Meyer A. Rabinowitz, and Dr. Franklin B. Van Wart. Acting as secretary

at the meetings was Janet M. Geister, whose time had been loaned by Michael Davis and the Out-Patient Clinics of New York and whose broad knowledge and acquaintance in the field of nursing was a big asset to the group.

In discussing nursing, the committee decided first to define what it meant by nursing care of the sick. Reverting to the fundamentals of bedside care, it outlined the interests of that inevitable quartet, the patient, the doctor, the nurse and the hospital. All four were particularly concerned with the comfort of the patient.

Other opinions were afloat for the committee to scrutinize also. There was the well known report of the Erie County Medical Society which had expressed fears that the increase in the cost to the patient of the 12-hour day was making parenthood prohibitive and that nurses were exercising the function of a physician. It was said that the four-year high school educational requirement for students would debar many likely candidates for nursing, because it was feared that girls of character were more plentiful than those of education. And Bird S. Coler, commissioner of public welfare, had suggested as a solution the Nightingale Nurse who would receive a year's training before entering upon practice.

Since a nurses' directory had been established by the Kings County Medical Society in Brooklyn, in 1885, it was natural that interest in the subject of a registry should have been revived by the medical men in 1925, but the members of the society realized that the occasion demanded more than a study of registries. Everyone knew that conditions had changed radically, even since the World War. As the population of Brooklyn had increased and with it the number of physicians and nurses, the former personal relationship between doctors and nurses was broken down.

The doctor no longer thought of nursing in terms of capable Miss Smith or clever Miss Brown but only in the vague outlines of a white starched stranger. Hospital administrators had experienced difficulty in providing nursing care for their sick patients and at the same time giving an adequate education to nurses, and the nurse had found the field of private duty increasingly unattractive.

Taking into consideration the diversity of these complaints, the committee said, first that it realized that there are many sick requiring care only a few hours a day. It admitted too the factor of monotony in handling many types of illness in which the patient requires care only at infrequent intervals, and expressed the opinion that this problem can be met, both in the hospital and in the private residence, upon a short time basis.

At a committee session held soon afterwards, the side of the hospital was represented. That the first emphasis of the hospital administrator must always be on the care of the patient was a point strongly brought out. The administrator, it was said, wants nurses who are soldiers rather than officers, especially not commissioned officers.

Another side of the kaleidoscope swung into view when the committee members gathered again and Mary M. Roberts, editor of the *American Journal of Nursing* and a medical representative were present. For instance, it was stated that out of 25 schools with 200 beds or more in New York State, 70 per cent plus, or 718 graduates were entering private duty. Private duty nursing is not popular, the point was made, because it is considered a blind alley job. At the end of 10 or 20 years, the nurse is just where she started, on the same footing as the new graduate, only often less useful. The question was raised whether the nursing needs of the man of

moderate salary should be interpreted in terms of the private duty nurse.

A recommendation was made that private duty should be organized on some basis similar to public health, if better distribution is to be achieved. Group nursing was described as requiring a high type of nurse, and it was estimated that only three per cent of the nursing profession are at present in favor of such a project. Special emphasis was placed on the financial hardship suffered by the patient when the nurse changes from 24-hour to 12-hour duty.

The kaleidoscope moved again; at this session the guests were Mrs. Anne L. Hansen, superintendent of the Buffalo Visiting Nurse Association and at that time President of the New York State Nurses' Association, a number of superintendents of schools of nursing and a prominent physician.

As superintendent of a visiting nurse society, Mrs. Hansen said that she was not ready to ask for a lowering of the curriculum. She saw no reason why visiting nurse sources cannot be extended indefinitely to take care of patients on a fee basis. Some of the superintendents of schools of nursing stated that they considered eight-hour students make better nurses. It was thought best to have the time in the wards continuous and the class work in extra periods. From several sources came the opinion that student nurses need more pediatric training.

Things took on still another color with the arrival of a superintendent of a 12-month school of nursing and two private duty nurses. The 12-month nurse advocate described the product of her school as being as efficient as the two-year nurse, if carefully watched. From the side of the private duty nurse, came the information that the nurse who works 12 hours has no social life. A financial flair was given to the discus-

sion when a nurse who worked for 18 months as a public health nurse, at \$115 monthly, said she was no better off when she resumed private duty.

You may well ponder what was going on inside the heads of the committee while the members listened and contributed to the roar of this information. Just what it was will never be known, except in so far as they made their feelings articulate, but it is not surprising that the first conclusion drawn was that the subject of nursing is tremendous. Coming close on its heels was the recommendation, clearly enunciated, that no solution for the nursing problem should be formulated without careful consideration between the medical and nursing professions.

Their conclusions in full were as follows:

The Committee recognizes the value of many of the suggestions, but it has not included any of the suggested legislative changes. It believes that the subject is so tremendous that no final decision regarding supply and demand, training, legislation or other attempts at solution should be outlined or devised without careful consideration in conference between the medical and nursing profession—both locally in Kings County and on a state-wide basis.

The Committee on Directory for Nurses should be authorized to undertake the development of a program of study of the nursing situation as it exists at the present time in the Borough of Brooklyn, such a study to include participation in an experiment in Kings County of training nurses in practical bedside nursing within the scope of the committee's definition of nursing care of the sick, and participation in developing service in coöperation with the other agencies in the community.

But the study did not end just with conclusions. As a direct result, the Nurses' Official Registry of Brooklyn was formed in May, 1926, and it has had a fruitful beginning under the direction of an executive committee composed of members of the nurses' association, the representative designated by the Medical Society of the County of

Kings, an individual representing the lay public, and representatives elected by the Hospital Alumni Association of the Counties of Long Island, certainly, an enterprise worth starting.

What the medical men, in this instance, did on a smaller scale, the Committee on Grading of Nursing Schools is now entered upon, on nation-wide proportions. They are using the same

methods and the same channels, and they too will know their problem from all sides before they are through.

With the medical, the nursing and the teaching professions working together, anything may be accomplished. Endeavor like this on all sides, and the three great professions some day will peer over one of the rocks on the horizon to say, "Aha! we have the solution."

Checking Pernicious Anemia¹

IT is now possible, by the use of certain foods, to very quickly stop this process of blood destruction and to instigate a rapid regeneration of red blood cells until, in most instances, a normal number will again be present in the body. Such a change has been brought about in all of a rather large series of cases treated by this means during a period of three years during which time it has been possible to keep the blood at an essentially normal level, providing the patient has continued to partake of the diet.

The diet which is effective and which has been described in detail elsewhere, consists of the following foods:

Liver (calves' or beef) is given daily in relatively large amounts. As an occasional variation, chicken livers, lamb's kidneys or sweetbreads may be allowed.

Fruit, especially that containing the lower percent of sugar is given at least twice, daily, and should be used in place of the sweet desserts.

Vegetables make up the very large bulk of the diet, especially the green types, such as spinach, lettuce and young string beans. Several rather large helpings of these should be taken daily. Corn, parsnips, baked and shell beans are to be avoided.

In addition to the liver, a similar and fairly large amount of muscle meat is advocated. This may be beef as broiled steak, roast, or Hamburger steak, or lamb as chops or roast. Pork, and fat of other meat, should be avoided.

Of the starchy types of food, crisp or dry breads are allowed, made preferably of the coarser flours as wholewheat or graham. No

soggy or hot bread or muffins are allowed. Cereals may be taken for breakfast, and either potato, rice, macaroni, spaghetti or noodles may be taken once daily.

One egg and one glass of milk may be taken daily if desired.

All fried and fatty food is avoided, except that a very moderate amount of butter and cream may be used, in order to make the diet palatable.

All grossly sweet food is to be avoided, with the exception of two or three teaspoonfuls of sugar daily, and such simple desserts as jello or custard.

The liver and the muscle meat should be eaten rather rare and may be cooked in various ways in order to make it palatable and appetizing; but it should not be fried and prepared with fat. The liver is usually very satisfactorily cooked by broiling or baking it.

Salt or seasoning should be used sparingly as in many other types of diet.

Although the diet as we have described it seems to be a very simple one, our experience during the past few years has led us to conclude that the most satisfactory results will be obtained only when it is administered properly, and is eaten faithfully by the patient.

Pernicious anemia is prone to occur in more than one member of a family group, is most prevalent in individuals of a certain physical type, and in those who have certain abnormalities of their digestive system. It is quite possible that the development of this disease could be prevented if one were to eat a diet throughout life somewhat similar to the one described. Such a regime should be even more important for those individuals who may be considered as belonging to the group described as being especially susceptible to the development of this condition.

¹From "Diet in Pernicious Anemia." By William P. Murphy, M.D., Medical Clinic of Peter Bent Brigham Hospital, Boston, in *American Journal of Public Health*, January, 1927.

The Life Story of One Private Duty Nurse

[The writer of this letter says she "is sensitive about her poor showing but facts are stubborn things." She could not know that it was a certain steadfastness of purpose that shone out from the pages that caused us to ask for permission to publish it.—Editor.]

MY motive in writing is not that of securing publicity, but in defense of the private duty nurse who is thought to be a money grabber and who is many times accused of being more mercenary than merciful. It is hard to teach folks that we cannot work steadily and must live while unemployed. Private duty offers a career of extreme usefulness to the world, if it is mostly in obscurity.

At the convention in Atlantic City, last May, I was so interested in Janet M. Geister's paper, "Hearsay and Fact in Private Duty Nursing," that I was led to make a report of my own last year's work, of which I have kept a careful account.

First, a few facts regarding preparation for a nurse's life. I am forty-seven years old; I have been a private duty nurse sixteen and one-half years. I have had three years of college work and forty-four months of professional training in such institutions as a well-known University Hospital, the Boston Floating Hospital, and the Trudeau Sanitarium, Saranac Lake, N. Y.

The year 1926 has been my very best year for nursing and in that best year I have received \$1,203, though I have earned \$54 more which is uncollectable. I worked 190 days, took 57 days of vacation, and was idle 118 days. I had 41 patients in 12 months, the longest case lasting but 12 days.

I have had unusually good health and have lost little or no time from illness. I have taken all kinds of cases, anywhere I was called; it has not been exactly my fault that my patients either

die or get well so soon, but it just happens that I have had a series of short cases, as any nurse may have at times.

That you may know something of my life background, I have even copied my budget of expenses for 1926. My home is a tiny bedroom, 9x11 feet, which I furnish completely and rent for \$16 per month. My vacation trips last year were the Atlantic City Convention with side trips to New York, Washington and Philadelphia and, in September, a brief visit to Niagara Falls and the Toronto Exhibition.

Since my graduation in 1910, I have earned at private duty nursing \$12,642, which is not a very good showing for the time and money invested in preparation. During that period I was off duty eighteen months at one time for illness (tuberculosis) and I have spent some months caring for my parents. Maybe many private duty nurses have done better than I have, but I know a few who have been less fortunate.

After graduation, I began nursing for \$20 per week, working 22 hours per day. In a year or two I received \$25 per week, then later \$35, and now \$7 per day for ordinary medical and surgical work and \$8 for contagious and obstetrical. The present rates are \$6 for 12-hour duty and \$7 for 20-hour.

So you see, there must be some incentive in private duty nursing beside the monetary reward or we old nurses would not stick by it. I failed to say how much of my earnings in the years past have been uncollected, but that fact has to be reckoned with in paying my bills.

I am a member of the A.N.A. and have been for over sixteen years. I have been a regular reader of the *Journal* for the last twenty years and a regular subscriber for sixteen years. I have attended the last five Biennial

Conventions of the A.N.A. and two institutes for Private Duty Nurses.

My social connections are approaching the vanishing point. I hold my membership in the Congregational Church, the Y.W.C.A. and the A.N.A., but have had to drop all other organized social activities of my life because of the irregularities of the demands on my time. Too little social contact of the right kind tends to make a nurse "queer" and too self-centered for her own good. I cannot often attend even the monthly meetings of my district association. Occasionally I attend some church dinner and I always go to church service when off duty. I get lots of entertainment out of my radio when in my room, but that scarcely makes up for social contacts of the world.

Following is my 1926 Budget:

Total receipts	\$1,203.00
Room rent and extension	
telephone	\$201.83
Food while off duty	91.46
Clothing	129.28
Laundry and dry-cleaning	46.57
Taxes paid on five vacant	
lots	103.49
Life insurance	200.00
Furniture bought for my	
room	84.34
Traveling expenses and hotel	
bills	187.89
Entertainments	30.85
Dental and optical bills and	
medicines	6.87
Radio expenses	20.75
Phonograph records	7.50
Interest paid on borrowed	
sums	5.76
Nurse's equipment	4.10
Books, newspapers and	
magazines	12.56
Repairs and incidentals	16.06
Street-car and taxi fares	20.29
Bobbed hair expenses for 8	
months	13.91
Church subscription and	
other benevolences	60.04
Gifts	49.33
Postage and stationery	8.11
Rental of safety deposit	
box at bank	3.00

Association membership and
registration 14.00

Total expenses \$1,317.99

Deficit \$ 115.00

My \$115.00 deficit is really serious and requires retrenchment for 1927.



Pneumonia

WHILE pneumonia is not a definitely preventable disease such as diphtheria or smallpox, many cases may be avoided by carefully observing some rather simple rules. It ordinarily rises very sharply the latter part of December and continues with a high incidence throughout the Winter and early Spring months. For this reason it would seem wise to call attention to these simple rules:

1. Dress for the weather. If the temperature changes during the day, be prepared to change your clothing. If it is warm or moderate in the morning, take your heavy coat on your arm, you may need it before night.

2. When you go shopping and are going to be inside for some little time, remove your outer wraps.

3. Remember that the baby needs the same changes of clothing to accommodate itself to changes in temperature as the older children or adults.

4. If you get wet, change your clothing immediately. If this is impossible, keep exercising until it is possible to change.

5. If you get a cold, take care of it. If it doesn't improve immediately, see your physician. Colds unattended to are often followed by pneumonia.

6. If you should be unfortunate enough to contract pneumonia, see your physician and be sure that adequate nursing is provided.

7. If you are just getting over some other illness, return to your normal routine of life gradually. Remember that even though you feel all right you are still somewhat weakened and pneumonia attacks people who are in such a condition.

8. Remember that babies and very small children suffer greatly from pneumonia and therefore every effort should be made to protect them from colds which other members of the family may have.

—From the Detroit Weekly Health Review.

The Care of a Cardiac Patient During Pregnancy¹

By BURTON E. HAMILTON, M.D.

AT first sight, the care of women with heart diseases during pregnancy appears as rather a small problem. Study shows, however, that though this group of women with heart diseases is a small one among all pregnancy cases, it furnishes an astonishingly large percentage of all maternal deaths in pregnancy. Also, within the small group with heart diseases, the maternal death rate and disability rate and baby death rate tend to be discouragingly high. Study also shows that this unsatisfactory state of things can by painstaking care be greatly improved, though it is not logically to be expected that any methods of care can make pregnancy nearly so safe for women with heart diseases as for normal women.

For six years the writer has studied women with heart disease complicating pregnancy at the Boston Lying-in Hospital. All cases, when they first report to the pregnancy clinic, have a general physical examination, including examination of the heart, by the obstetricians. About seven and one-half percent of them are found to have something in their history or physical examination to suggest a heart disorder, and these are referred to the heart clinic.

Diagnosis and Classification of the Cardiac Patients for Special Care in Pregnancy

FROM knowledge of heart diseases in general, it was possible at the start of the clinic to group the patients referred to the heart clinic into three big divisions:

First, a large group found to have no

heart disease. Patients in this group were referred principally because of symptoms which suggest heart trouble, such as rapid heart rate, breathlessness and easy fatigability, heart pain; and, often in addition, dizziness, blurring of vision, faint feelings and actual fainting attacks. On special examination of the heart they showed no definite signs of disease. They are fatigued, or frightened, nervous women with cardiac neurosis. A considerable experience is required to make this diagnosis confidently in many of the cases, and the negative value of sorting out the "false" cardiacs from true ones is of distinct benefit to the obstetrician. Many of these patients with complaints falsely suggesting heart disease are badly handicapped by their symptoms, and give the impression that they are in a dangerous condition, and, of course, many of them feel sure that they are in danger. They can be a very troublesome and worrisome group of patients to handle. Actually, they are not in any danger of death or serious disability. We have handled this group of cases by reassuring them, and giving them instructions as to sensible hygienic living. They have had no special care for their heart condition, and no special obstetrical precautions, nearly all of them have been delivered in their homes under the same conditions as the normal cases. A consecutive series of 130 such cases, watched by the writer through pregnancy, have done as well as normals. There were no maternal deaths, 8 baby deaths; and no case showed the actual signs of a failing heart at any time.

A second group had doubtful physical signs, for example an intermittent pulse

¹Read before the Public Health Section of the Massachusetts State Nurses' Association, Boston, Mass., June 5, 1926.

(extra systoles), or other doubtful signs of heart damage, in particular systolic murmurs. The significance of these murmurs, which are common, has been and still is a subject for dispute among physicians. Some think they are of no importance whatever, others value them enough to believe that they disqualify from life insurance. It is probable that a small number of this group have a real heart disease, and that the majority have no heart disease. At any rate these doubtful, or possible, or not diagnosable cardiac patients make good pregnancy risks. This knowledge and the confident classification of such patients saves much difficulty. We have given them no special care for the heart, and they have had no unusual obstetrical care. In 182 consecutive cases there were two maternal deaths, 8 baby deaths. The two maternal deaths were from complications not associated with the heart. No case in the whole group developed the signs of a failing heart at any time.

The third group consist of patients found to have signs of definite, significant heart disease. A very few of this group had the less frequent heart diseases such as cardiovascular syphilis or congenital defects, or arteriosclerotic disease, which, of course, is rare in pregnant women. The great majority, more than ninety per cent of them, had rheumatic heart disease, and a mitral stenosis, which is evidence of a severe lesion.

Of 164 consecutive cases with severe rheumatic heart disease, delivered in the hospital, 17 of the mothers died, 28 babies died, 40 of the mothers had gross signs of a failing heart. Many of these cases were patients who entered the hospital as emergency cases, and had not been cared for previously in the clinic.

It is clear that one can select from among women suspected of heart diseases a relatively small group of very

important cases, who offer a serious maternal mortality rate, an even higher rate of maternal disability and a high baby death rate.

This group amounts only to about one per cent of all pregnant women. But this group, which can be picked out early in pregnancy or before pregnancy for that matter, furnish, as stated, a large fraction of all maternal deaths.

During four years, 1922 to 1925 inclusive, at the Boston Lying-in Hospital more than twenty per cent of all maternal deaths was furnished by these severe cardiacs.

During the years 1922 and 1923, at the Boston Lying-in Hospital there were 66 patients with serious heart diseases cared for. The maternal death rate was a little more than twenty-one per cent. The baby death rate was twenty-eight per cent.

During the last two and one-half years, 114 patients with serious heart diseases were cared for. The maternal death rate was less than five per cent. The baby death rate was thirteen per cent.

It is clear that it is possible by very special care of these dangerous cases to reduce greatly the maternal and baby death rate.

The first step, then, in the control of the maternal and baby death rate among cardiacs in pregnancy is to have all pregnant women examined as early in pregnancy as possible, the heart condition carefully diagnosed, and to select those with seriously damaged hearts for very special care.

Care of Patients with Severely Damaged Hearts During Pregnancy

WE have found out from studying the unsuccessful cardiac cases during pregnancy that, though a few die suddenly and unexpectedly, or from complicating conditions not directly associated with the heart disease, the

majority of the fatal cases die in congestive heart failure.

Congestive heart failure is the common condition, familiar to all physicians and nurses, formerly more or less accurately described under the name of "cardiac decompensation." The heart fails to pump along the blood as fast as it flows to it from the veins, and the result is a venous congestion which shows itself most obviously by congestion of the lung veins and of the liver. For example, the patient cannot lie flat in bed in comfort, but sooner or later must sit up to breathe more easily. There may be cough or blood spitting. On examination, signs of congestion are found in the lung. Also the liver is enlarged, and may be tender.

Recognition of the Failing Heart

IN a small number of cases that develop congestive heart failure it occurs suddenly and violently, and without apparent warning. But in the majority of cases it develops more slowly. Many of the patients, at the beginning of a congestive heart failure, do not realize that there is anything new the matter with them, and keep up and about trying to carry on with their work. I wish there were ways for a nurse to recognize easily the cardiac patient who is beginning to have a failing heart, but this is impossible. It requires medical examination, and often careful and experienced examination. It does not show clearly in pulse or blood pressure or general appearance. Unfortunately, the earliest reliable sign of a failing heart in pregnancy is usually persistent rales at the lung bases, only heard on deep breathing of the patient, on examination by a physician with the stethoscope. Some signs of failure can be noted by questioning, however: for example, a cardiac patient who has a smothering sensation which requires her to sit up at night after lying down for a while,

or one who coughs on exertion, is very likely beginning to fail, and should be examined by her doctor at once. A small number of cardiac patients expectorate a small amount of fresh blood from time to time, often only early in the morning, as an early sign of a failing heart.

I have known a number of cardiac patients who, through ignorance, did not know the significance of a troublesome cough without other signs of a cold, and who only called for help when very severe congestive heart failure had developed. When the heart once begins to fail, unless conditions under which it fails are promptly improved, the failure naturally tends to grow worse. Early recognition of failure is highly to be desired.

From these reasons it is clear that the patient should be instructed in the significance of symptoms of failure. In addition, she should be told to report regularly at least once each week for medical examination, no matter how easily she may have gone through previous pregnancies, or how well she may appear to herself.

Prevention of Heart Failure

THERE are two big contributing causes to the development of a failing heart in cardiac patients during pregnancy.

A large fraction of cardiac patients in pregnancy do very well until they catch some apparently mild infection, for example, a cold, sore throat, gripe, or an influenza. These infections are in large part unavoidable. Epidemics varying in severity from mild colds to the influenza epidemic in 1918 and 1919, sweep through the community at frequent and irregular intervals. Each epidemic takes a tax from pregnant cardiac women, causing failures and sometimes deaths.

Though there is no sure method of

avoiding these infections, we can diminish the chances by instructing the delicate risk cardiac in pregnancy:

(1) To avoid public conveyances, shops, theaters—any crowd, where the danger of infection is certainly increased.

(2) If any member of her family has an acute infection she should isolate herself from the sick one as much as possible.

(3) Allow no visitors who have a cold, sore throat, etc.

(4) If in spite of precautions, as is often the case, the patient comes down with an infection, she should be forewarned that she should go to bed at once, and stay there until well.

The second big cause of preventable heart failure is over-exertion. In fact, during the last two or three years, most of the patients who, without any acute infection, have developed heart failure, have developed it as the result of a clear disobedience of rules for restriction of activity which they have received. I have found it a valuable help in the control of patients to explain this fact to them.

It is, of course, necessary to give individual instructions to individual cases. But an average routine for cardiac patients should consist of the following rules:

(1) Ten hours of bed each night.

(2) Lie down one-half hour after each meal.

(3) No hurrying, climbing, lifting. Light housework, walking about on the level, may be permitted, but climbing hills and stairs should be restricted to the absolute practical limit. The patient should not do washing, carry or lift things, shake rugs, etc.

(4) No shopping—so many women have developed congestive heart failure directly following, and obviously the result of, a shopping trip to town that we have routinely forbidden this.

(5) If it is necessary to move the household to other quarters it is best to have the mother away from home for the whole process. Families, of course, often move to larger quarters when they find their number is to increase. Many cardiac patients have developed failing hearts during the process of moving.

(6) Another woman in the house throughout the pregnancy is an advisable thing for cardiac patients, not only to help in the routine work and in the shopping, but to enable the patient to go to bed at once if signs of a failing heart begin, or promptly at the onset of the almost inevitable grippe or cold. If help cannot be hired for any reason, it is often possible to have a self-sacrificing relative come to live with the patient, if the importance of this is thoroughly explained.

(7) Avoid "physical exercise" in an endeavor to get into condition for labor. Many patients have the idea, and they are often told by their friends, that they must exercise in order to get into good condition for labor. This is pernicious advice for cardiacs. They cannot rest too much during pregnancy. They should be warned against exercise specifically.

(8) Make arrangements to be delivered in hospital. The reasons for this are obvious. Cardiac patients deserve the easiest practical form of delivery in order to spare the heart unnecessary strain. The type of delivery, normal, or some one of the several operative methods, can often only be advantageously chosen at the last minute and with the patient under observation. They also deserve the easiest type of anaesthesia. Hospital conditions clearly afford the best situation for choosing freely from the various possible procedures and for acting promptly.

There are, of course, other rules, such as a routine three weeks' rest in bed after delivery, for all cardiac patients, even though they have not shown signs of failure; rest in hospital before labor, when feasible—and others which belong more strictly to the physicians' and obstetricians' duties.

Treatment of Patients with a Failing Heart

WHEN, in spite of precautions, the signs of a failing heart occur, the patient belongs in bed. Physical and mental rest is the essential treatment for a failing heart. Some of the severe and persistent failures require very elaborate treatment,—not only medication—sometimes oxygen administration and even bleeding, but they also require painstaking nursing:—they must be

fed,—isolated,—and saved every wasteful movement of the body, even talking, until the acute signs of failure have cleared. Rest in bed should be continued for three weeks after all signs of failure have cleared. This treatment can usually best be obtained in hospitals.

The majority of the patients who develop failing heart during pregnancy get well of their symptoms under this treatment, though the time required varies from a few hours to months. In some cases the symptoms clear only many weeks after delivery.

It should be a constant rule that a patient who is pregnant and who develops congestive heart failure should remain in hospital, or under hospital conditions in the home, till the pregnancy is terminated. There is often distinct temptation to disregard this. It often happens that a pregnant woman with a heart disease develops failure at the sixth month. This may be recognized by her physician early, even before she has any clear signs of discomfort herself. When put in bed in hospital, all signs may clear within a day or two. It is a long sentence for a woman who feels well to stay two or three months, until the baby is viable, in hospital or under hospital restrictions. But I have seen a number of maternal deaths apparently due to a disregard of this rule.

The proper handling of a cardiac case through pregnancy may require much cooperation. The control of the patients depends largely on the Social Service and the Out-Patient nurses. And, in my opinion, this control is the biggest single factor in the lowered mortality in the Boston Lying-in Hospital. During the last few years, very few emergency cases have appeared. It is probable that sterilization of some of the most severe cardiac cases is a factor

in this. But it is very clear that the patients have gradually found out that it is to their advantage to report early in pregnancy and to follow implicitly the directions given them by the heart clinic and the nurses.

An appreciable reduction in maternal death and disability and baby mortality is possible if all pregnant women are examined carefully as early in pregnancy as possible. If a heart disease is found or suspected, they should have a special cardiac examination. Those found to have severely damaged hearts, particularly those with mitral stenosis, should be selected for special care such as I have outlined.



Two Practical Suggestions

THE need for knowledge of the proper way to shut a door, and of voice modulation to control patients, is so self-evident that I would hesitate to send the following remarks, were it not for the frequent expressions of annoyance from patients who have suffered, not always in silence, from seeming thoughtlessness on the part of the nurse.

To close a door, grasp the knob firmly, turn the latch in, holding it in this position until the door is closed. Then turn the latch out and release the knob. This method does away with slamming the door, which is such an annoyance to patients and is one of the reasons why hospitals are called "so noisy"; also fewer or no finger marks will be found on the door to be washed off later, a procedure which takes time and energy that are needed elsewhere.

An important way to control any patient is to modulate the voice by dropping the tones just below those of the patient. A voice raised to higher tones than those of the patient often causes unaccountable restlessness and irritation, while the lowered tones will not only have a soothing effect upon the sick person but will inspire greater confidence in the nurse.

N. CARYL SCHOOLEY, R.N.

An Individual Procedure Book

By ANNETTE E. STEEN, R.N.

IN 1923, Grace G. Grey, then Director of Nurses of the University of Texas, College of Nursing, instituted the use of the procedure book in the teaching of practical procedures in our school. Each year we have improved upon the procedure book and find it more useful as time goes on. We have found it the most satisfactory way of teaching the procedures and demonstrations to the preparatory students and for standardizing procedures throughout the hospital.

The book is a small, loose leaf notebook the size that easily slips into the skirt pocket of the student's uniform. Any changes that may arise can be made and easily slipped into the proper place in the book.

After I demonstrate the procedure under study to the class, the students summarize in outline in the following manner:

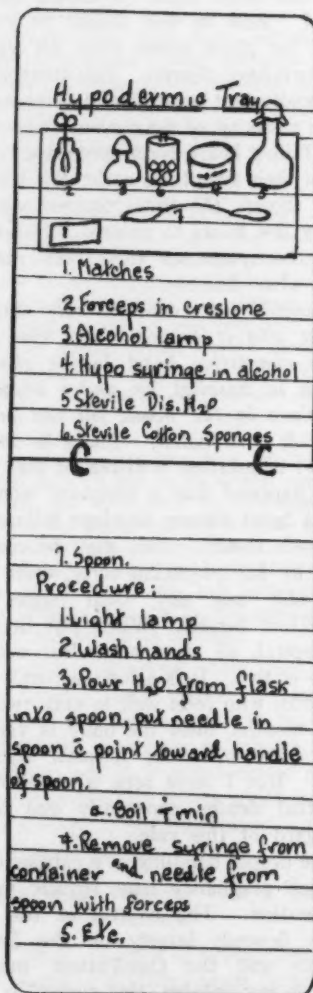
First, Diagram of tray.

Second, Articles necessary.

Third, Method of procedure.

After I have corrected it, the student then prints the book and accompanies it with diagrams of trays and articles used on the tray. The procedure book is indexed and labeled, so that any procedure may be readily found. Every student must print all procedures in her book and she must carry the book at all times when on duty.

The operating room and obstetrical supervisors are now using the same method in their teaching of operating-room technic and follow-up classes in obstetrics. In this manner the students are taught to draw and label articles used on scrub-up tray, suture table, gynecological examination table, delivery room trays, etc.



THE PROCEDURE BOOK OPENED

We have, in each ward in the hospital, type-written copies of all procedures in larger books. These may be referred to by supervisors and graduate nurses at any time, concerning any procedure.

Nursing the Mental Patient

By L. D. HUBBARD, M.D.

ONE of the most important factors in the care of the mental patient either at home or in the hospital, is intelligent nursing. It is not enough that the nurse shall have good general training; she must also have good psychiatric training, for the problem of dealing with a mentally ill person is very different from that of dealing with a physically ill person.

It must be remembered that the mentally ill patient often has an outlook on life which is distorted by his ailment to such an extent that his resultant actions cannot be judged by usual standards. In no other sort of nursing is indefatigable patience more essential than in psychiatric nursing. Unreasonableness meets the nurse at every turn, simply because the patient reasons along illogical lines from incorrect premises probably unknown to the nurse, and therefore arrives at conclusions so at variance with the facts that he acts in a wholly incomprehensible manner. Yet the situation must be met with gentleness and kindness, for no good ever comes of expressions of impatience and exasperation.

There is much to be said in favor of the common advice: always humor a mentally unbalanced person. It might better be modified, however, by saying: always *appear* to humor such a patient. Tact and diplomacy go a long way in psychiatric nursing. Invaluable as they may be in dealing with the supposedly mentally sound, they are infinitely more so in contact with the mentally ill. A sick mind is often as easily placated by an apparent acquiescence on the part of the nurse as by actual compliance with absurd demands or bizarre theories.

The element of cheerfulness in the attitude of the nurse is emphasized so much in teaching all branches of nurs-

ing, that one sometimes sees a hint of artificial Pollyanna gladness than which nothing is more exasperating. Cheerfulness must be tempered by sympathy and kindly understanding. When a depressed patient moans and groans in his misery, feels that everything is all wrong and life will never be any better, it does no good to remark with a beaming smile that everything is really lovely. Often enough he knows already that things are lovely enough for other people and that it is something within himself which makes him see life in such a despairing light. When his attention can be turned, even momentarily, from his own hopelessness to something pleasant outside himself, perhaps a playful kitten or an attractive picture, more good is accomplished than by all the abstract cheerfulness in the world.

To a nurse inexperienced in psychiatric work, the remarks and antics of a mentally disordered patient are often so absurd as to be laughable. Whether or not she should express her amusement rests on one point—will her laughter be *with* the patient or *at* the patient. It may sound funny at first to hear a patient tell a tale of fantastic persecutions involving kings and presidents who use bizarre contrivances to put electric currents on him or to place animals inside him. To the patient, however, it is torture and his sufferings are real, even though the cause is not what he believes it to be. To laugh at such a story is cruel and no nurse would do so except through thoughtlessness.

On the other hand, many patients suffering from manic attacks or other excitements say absurd things with the intention of being funny. They hope to cause a laugh and are disappointed and perhaps angry if it is not forthcoming. Since the nurse would be, in

this case, laughing in sympathy with the patient, there is no harm in it.

The negativism or contrariness so common to depressed or catatonic patients makes the nursing problem a difficult one. Occasionally it is possible to get at the cause of objection to some particular thing such as bathing or undressing, and getting around it by explanation or coaxing, but more often the patient is as unable to tell his reasons for objecting as he is to do what is wanted. Such cases give the nurse an opportunity to exercise her imagination.

Take, for example, the matter of eating. A patient may refuse to eat or be spoon fed as long as he is coaxed, but may eat voraciously if the nurse sets down the tray and walks out of the room as if it were quite immaterial to her whether or not the food were touched. One nurse solved the problem by making use of the very trait which caused the patient to refuse all food in spite of everything. She set the tray down by the patient and remarked: "That's not your dinner and you can't have any of it, so don't you dare to touch it." When she returned some time later the dishes were empty and the patient wore a well-fed and contented expression. From that time on there was no trouble about that patient's state of nutrition.

The nurse who goes into psychiatric work is prepared to endure insults and verbal abuse as well as physical violence without retaliating in any way. She remains calm in the face of false accusations and listens patiently to showers of vile epithets, for it is all a part of her work. The patient who is suffering from a mental disorder is more than likely to live through past episodes in which he felt anger and hatred, and he will probably express his feelings in a way quite foreign to his usual nature. The nurse, being his most constant associate will come in for most of the

abuse, but she remembers that in all likelihood she is only the representative of someone against whom the patient held a grudge many years ago, perhaps as a small child.

To take insults from the patients' relatives is a more trying matter, for the relatives are supposedly in their right minds, capable of reason and self-control. In a hospital, however, this humiliation must be endured and any complaints referred to higher authority.

Every nurse is, of course, true to her professional ethics in guarding the confidences of her patients. This is more important in psychiatric nursing than in any other branch of the profession. The mental patient in the course of his psychosis may not only uncover the family skeletons but elaborate upon them in his fantasies. He may weave imaginary tales of his past life which have sufficient semblance of truth so that they are taken for facts. No word of these confidences, whether they spring from memory or fantasy, must pass the lips of the nurse in her social contacts. Nor may the hospital nurse discuss with her family or friends the identity of her patients. True, there is no disgrace attached to mental illness, but such misfortune is the affair of the patient and his family and is not to be blazoned abroad by the nurse in whom they must place their confidence.

Confidence in the nurse is as important to the mentally ill patient as confidence in the physician. The attitude of the psychiatric nurse is such that the patient relies on her discretion and feels that she is working for his best interests. She commands his respect by her dignity and firmness but she is also sympathetic and gentle. A harsh word spoken in a moment of exasperation, or a thoughtless laugh in the presence of a sensitive patient, does incalculable injury.

Even in the pressure of routine work

the nurse listens to the patient's complaints. Fantastic though they may be, she hears him out and speaks a word of reassurance. A few moments' attention sometimes repays the nurse enormously for the time spent in apparently useless effort. For example, a woman patient screaming and beating upon the windows and doors was approached by the nurse upon whom she turned in her fury, crying that she saw the lawnmower cutting up her children. The nurse, realizing the patient's acute distress, opened the door, took the patient across the lawn to the machine and let her examine it until she was convinced that she was mistaken. Of course another delusion soon came to take its place, but her immediate distress was relieved and the tension relaxed for a few hours.

The successful psychiatric nurse is above all sympathetic. She understands that the patient has a distorted view of reality and that his actions are accordingly inappropriate. Some patients can be treated like children but it must be remembered that their mental processes are not those of a normal child but of an abnormal adult. Their bizarre ideas and fantasies are as real to them as her environment is to her and she deals with them accordingly. It does no good to

meet the expression of a delusional idea with a categorical denial of its truth. It may be discouraged gradually and carefully or gently denied with reassuring reasons.

The sincerity of the nurse's desire to be helpful in straightening out the patient's difficulties is felt by the patient just as quickly as he senses any sign of impatience or hostility. Because she is in closer touch with him than is the physician, she has the opportunity to help the physician in his treatment of the case by her clear and accurate descriptions of his reactions under different conditions and her detailed account of anything he may say about his troubles.

The psychiatric nurse has an unparalleled opportunity to be of service to mankind. The work is hard and even dangerous, but so much can be accomplished by sheer force of personality, wisely applied, that the results amply repay the nurse for the hardships involved. Good hospitals for the care of mental diseases train not only their nurses but their attendants, so that the mental patient is surrounded by people who have some understanding of his condition and are able to do more for him than the most devoted caretakers who lack special training.

Akron Establishes Headquarters

Dreams Do Come True

BY CLARA F. BROUSE, R.N.

IN the stress, speed and turmoil naturally found with the ever outgrown condition of a lusty youngster—namely an overgrown and growing industrial city—nurses could but hope for the future, and dream of ideal professional conditions. Never had Akron even pretended to have a registry, which all qualified nurses would support. Each hospital kept a list and called such

nurses as it needed, and could reach. The public looked after itself as best it could, taking "pot luck" of Registered, Practical, or Undergraduate Nurses.

With the appointment of a local Registry Committee by District 1—which covers five counties with as many nursing centers—new activity began. A survey was first made of Summit County. Names and addresses of all nurses

in active practice were obtained. The committee was augmented by various nurse leaders, heads of the schools of nursing, public health organizations, industrial groups, private duty nurses and alumnae associations.

This group decided that Nursing Headquarters of Summit County was needed, and that each nurse should be personally interviewed and signatures to the following obtained:

I hereby pledge my willingness to support the movement to establish Nursing Headquarters in Summit County, and promote it professionally and financially. To this end I pledge \$10 for permanent membership.

A preliminary constitution was drawn up, lists of ten names were given to leaders at a conference meeting. After 250 signatures had been obtained, the trustees of District 1 sanctioned a local organization meeting. Questions were mailed each nurse that she might express herself regarding policy. A constitution was adopted, officers elected, and plans made to open a club house, with headquarters office and registry.

A house on Hawthorné Avenue—a splendid residence section—was rented, selected because of attractive first floor rooms and bed capacity for eight or nine. Rose K. Steinmetz, formerly in charge of the Children's Hospital and an officer of the State Association, was obtained as registrar and hostess. Her genial charm makes it home as well as office.

House furnishings and office equipment vied for ascendancy—nurses with brooms, mops, paint brushes and polish put Goldie and Dusty to shame. Colorful rugs and bedspreads, with matching wool puffs, obliterate thoughts of the gray and white of a hospital. Dishes and silver, lamps and linen, and many an odd piece of furniture have come all unsolicited from our many friends. Masses of chrysanthemums and lovely

music, made our opening reception and tea a delightful occasion for the two hundred friends who attended.

Activities during November have included the reception, a business meeting of trustees and private duty nurses, a *Journal of Nursing Club*, when topics of the current issue were assigned to nurses and discussed in round table, a Thanksgiving dinner with candle-light and favors, and a weekly student hour for those preparing for the next State Board examination.

One of our reception rooms may be reserved by individual nurses for personal entertaining, such as a card party or dinner.

Over two hundred of our initial fees were paid before November 1st. We plan to make the rental of our rooms cover the housing of the registry, so that dues can be fixed to cover salary and office needs. Our registry office has been very busy, we have started hourly nursing, and have supplied nurses for hospital and industrial positions during our first two months.

The local members of the District, who have given most generously of time, thought and energy in establishing headquarters, have faith that it may most adequately fulfill the object of its being—namely: "that high ethics of the profession be maintained and the public be adequately served."



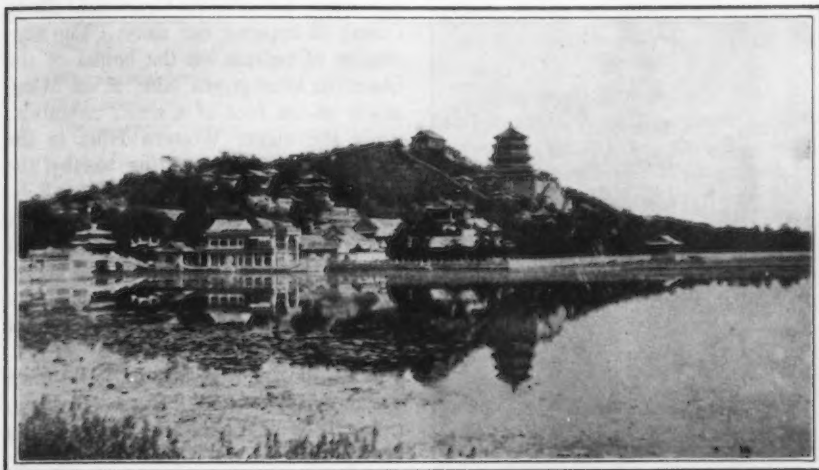
An Alumnae Roll Call

THIS idea is being developed by the Alumnae Association of the Albany Hospital School of Nursing, Albany, N. Y. In preparing the handsome "Greetings," which is the year-book of the Association, they discovered that the Association had not as comprehensive data on all the graduates as it would like—hence the plan for a real roll call. They will all want to comply when they see the "Greetings."

A Trip to the Western Hills

A Trip Which Delegates to the I.C.N. Will Want To Take

By HILDA WANG, R.N.



THE SUMMER PALACE WITH THE MARBLE BOAT AT THE LEFT HAND SIDE

The beautiful Imperial Palace is about eight miles from Peking on "The Mountain of the 10,000 Ages."

WO FU SSU, the Temple of the Sleeping Buddha, is about thirteen miles from Peking. It was built around 700 A.D. in the T'ang Dynasty and is one of the oldest Buddhist Shrines near Peking. Here the Y. M. C. A. has established a Rest House which is a favorite resort for week-end trips. The cottages nestled on the sloping hills are surrounded on three sides by the mountains. It is a quiet spot with welcome for the fatigued and broken-hearted, as well as for the jolly pilgrims, and the routine-weary nurse. One is soon refreshed by the calm, peaceful atmosphere which pervades the place.

It was the end of October, the season of the fallen leaves and faded flowers and the air was crisp and fresh. My friend and I decided to have a week-end trip. Oh! how energetic we were to get ready. We went with a group of ten by

bus and arrived just as the sun was disappearing below the horizon. We two chose a court among the highest of them all. We made our beds—oh much more complicated than our hospital beds because there were five or six blankets and two or three peiwas (quilts) to tuck in. How clumsy looking! But we were much more interested in preparing our picnic supper than in making our beds look tidy, so we hastened to this more enticing occupation.

After supper we climbed one of the mountains near our cottage and sitting facing Peking we watched the dim electric lights and the twinkling stars in the sky. The evening breeze hurried us down, but fortunately we had carried a lantern with us, otherwise we might also have joined the ranks of the fallen leaves and faded flowers!

The next morning was gorgeous with its cloudless blue sky. The sun shone



THE JADE FOUNTAIN PAGODA

Its height is about 300 feet. The fountain and hill were a selected promenade of the last great Empress Dowager. There is a temple at the foot of the hill.

on the poplar trees just above us with their grey and jade-like leaves. Our hearts were so filled with the beauty of it all that our souls seemed to penetrate beyond the sky into the other world called Paradise. But we suddenly dropped to the mundane world again as we realized that breakfast had to be prepared before we could depart on a three mile donkey ride to the Jade Fountain.

As we clambered over the hills and through the valleys with our donkey drivers shouting beside us, we could see on a distant elevation the beautiful seven-storied pagoda which marks the location of the fountain. The grounds surrounding this pagoda and its crystal-like spring were for eight hundred years the pleasure park of the Emperors.

Just a short distance beyond, there stands the beautiful Summer Palace which was built for the Empress Dowager, of the late Ch'ing Dynasty, with the money intended by General Li Hung Chang to improve our navy. The succession of palaces on the banks of the beautiful lotus-grown lake, K'un Ming, nestle at the foot of a small mountain, while the higher Western Hills in the background make a setting worthy the Rulers of the "Flowery Kingdom."

As time did not permit us to go further, we regretfully returned to our camp to pack our things for the return to Peking. We had had a lovely trip, but duty was calling us again to our work.

I am looking forward to 1929 when our next International Nurses' Association will be held here and I am sending hearty welcome three years ahead, hoping that many of you will make plans to come at that time. My best wishes to our fellow workers all over the land. Come and help us enjoy that great occasion and learn, as well, something of the all-pervading influence of the Sleeping Buddha and the mysteries of our "Flowery Kingdom" which has existed four thousand years.



In a Children's Hospital

IT'S but a blood test we make,"
They say and wonder that I start
At linen gowns and instruments—
But the blood is from my heart.
They stab three marks on a small arm,
"Von Pirquet's test," wisely aver
The linen-clad ones. Do they know
It is my soul they scar?
"Come this way now," they gently call,
And wait, (they can so lightly run
Through these strange ways). My feet
Are lead,
For oh, he is *my son*.

Helps toward Fire Prevention

BY MINNIE GOODNOW, R.N.

AN essential part of fire prevention is that all persons employed in an institution shall know the location of:

1. Fire extinguishers.
2. Fire alarms.
3. Fire escapes.

To this end, some hospitals have adopted the following routine: Shortly after each group of probationers enters the school, each one of them is required to go over the building, find the exact location of each of the above, and set it down in writing.

It is reasoned that when a person finds a thing for herself, she is likely to remember it. When she writes it down,

it impresses it still further. It is required, moreover, that the *exact* location be stated, for example, "on south wall of ward A, near the window second from the door."

Nurses should be taught that if a *thing* catches fire, the nearest fire extinguisher should be thought of; if some portion of the *building* is on fire, an alarm should be quickly sent in.

All persons should be instructed to *close doors* in order to limit the fire by obstruction and to prevent drafts which promote the spread of fire.

The above lists and instructions are not a substitute for fire drill, but should precede it. They are vitally important matters.

Case Study at Vanderbilt University Hospital

BY E. LAURA LOHMAN, R.N.

IN order to make the patient the unit of thought and to develop an interest in the needs of the individual, we have taken modest steps with case study. We believe this will not only lead to a better understanding and care of our patients, but also create a more coöperative, constructive relationship between head nurses, instructors and students.

Our method is not elaborate. Thus far we have aimed to follow the outline for case study as stated in the Standard Curriculum. This course is given to the students in their pre-clinical period, or in the second term, one hour a week for fifteen weeks. Following this course, we require ten case studies in the various services for each year. The student selects the case she wishes to study from the patients assigned to her on the wards. This she submits to the head

nurse who counsels her as to her choice. At certain periods which are assigned by the head nurse, the case studies are submitted to her. She, with the theoretical instructor, corrects them and returns them to the student. Conferences are also held with the individual students by the head nurse in which selected cases are discussed.

Our outline for case study which we have adopted has to be modified to meet the requirements of the particular study and therefore serves as a guide to the students. In brief, it consists of seven main phases which are as follows:

- I. History, which includes the social aspects, health habits and the medical history, both past and present.
- II. Symptoms, with subheads as subjective, objective, result of examinations, etc.
- III. Diagnosis.
- IV. Medical Treatment and Nursing Care,

including nursing in relation to social needs, health habits, medical needs, instructions in health habits.

V. Prognosis, and Progress, including complications and sequelae.

VI. Discharge and "Follow-up" Work, which in various cases may consist of instructions relating to treatment and prevention, reference to out-patient department or to agencies, convalescent homes, orphanages, etc.

VII. Bibliography, used in all cases especially in malaria, pellagra, tuberculosis, and typhoid fever. The latter three are especially prevalent in this part of the South. In cases of typhoid fever, pneumonia, tuberculosis and malaria, a copy of the temperature chart is required in the study.

Thus far, the student nurses have shown a marked interest in thinking more about the human aspect of the patient and his needs. They have seen the patient as a member of the family and the community, as a real factor, and not merely another case, or as another assignment for a certain amount of work to be done.

For bibliography assignments, the student nurse has at her command the resources of the medical library in the

hospital, the nurses' library in the Nurses' Home and the Vanderbilt University library, all in close proximity on the Vanderbilt campus.

For any explanations concerning the various phases of the case study and as to the why and wherefore of the various treatments, the student is at liberty to question the head nurses, instructors, internes, doctors and the social service workers. Special lectures with pictures on some of the more interesting cases are held, to which the nurses are always invited. In connection with the hospital and the medical school is a photographer's department where all the pictures for the hospital and medical school are made. The Nursing School has access to any of these pictures for the use of the student nurses in our case study. The best case studies prepared are selected, typewritten and placed in the nurses' library, to be referred to and studied by future classes.

[The method used is demonstrated in the case study summary by Maysel Wagner in the Student Page, page 213.—Editor.]

Care of Diplomas

IT was a friendly and troubled registrar who wrote: "Would it be possible for the schools to give nurses, in addition to the diplomas which they so often frame and which are therefore difficult to carry about, a small certificate which they could keep in a suitcase or pocket-book?"

Sister Genevieve, formerly of St. Elizabeth's Hospital, Youngstown, and for the past five and one-half years superior of Our Lady of Lourdes Academy, solved this problem when her first class was graduated twelve years ago. Since that time each graduate, on Commencement night, is presented not only with her diploma, but with a handsome, silk-lined blue suede folder, 7x11 inches, into which the diploma fits with just one

crease down the center. As the lining is of gray silk the school colors, blue and gray are perpetuated. On the cover, in letters of gold, appear the name of the school, the name of the nurse, and the year of graduation. The diploma is well protected and its setting is not only beautiful but practical, because it is easily slipped into a suitcase.

Unlike the doctor, who hangs his diploma on his office wall, the nurse moves about, and as she moves, requires proof of her claim to professional status. If properly accredited nurses were more often required to furnish proof of graduation and registration there would be less opportunity for impostors to practice illegally. It is a step in the right direction to have the proof in easily available form.

A Nursing Sale and Its Customers

How Nursing Was Sold at the Sesquicentennial

BY FRANCES MALTBY, R.N.

THERE wouldn't have been any sale at all, had one waited to be personally approached by customers; comparatively little, if the salesman approached only those who approached the sale. Those who reposed in our chairs, came to "set" and not to "think." There was but one thing to do. If the mountain would not come to Mohammed, Mohammed must go to the mountain.

Like a Bowery "puller-in," your salesman scanned and fell upon sight-seers in the aisle. Their hands were especially observed! No wedding ring implied the need of a vocation—and what better than ours? An old-fashioned ring implied motherhood to a potential nurse. Only a modern wedding ring rendered them immune!

Almost always those accosted in the aisle, then seated in the booth, remained through an eight- or ten-minute sales talk which included explanation of each detail of the display. The group that casually collected outside the rail often stayed through most, and sometimes all, of it.

Strenuous? Yes. But can an *idea* be passively sold behind a counter? Doesn't it require an active "agent," as active as though selling on a commission basis?

Anyway, the pleasure expressed after her exertions left rewarding glow with the "agent," for such comments as, "It's very interesting and the most informational talk I've heard here," proved meat and drink to an ardent propagandist.

"Wonderful, it's wonderful!" boomed a man standing and staring in the aisle. His wife remarked there was little reason for explanation, he being a little school superintendent. To the

officious salesman, the contrary seemed obvious. Her invitation was accepted. By the time the magazine table was reached, "To which of these should I subscribe to interest my girls in becoming nurses?" asked the superintendent; and "Sold!" rejoiced the agent inwardly.

That table displayed, under celluloid, twenty-six magazines financed and edited by nurses. Bright flags of twenty-two countries, pasted beneath the magazines representing them, added to their attraction and crowning all was the *I.C.N.* Maybe it was because of the flags that this table could of itself draw sight-seers, and nurses who had assured one that they knew all about nursing, looked dumbfounded at finding that Iceland and South Africa boasted nursing journals, and expressed thanks for information zealously thrust upon them. It was something to be proud of,—that display of our wares.

The Exhibit

PERFECT in its logical sequence ran our exhibit. First, the Education of the Student Nurse, with its applicant graduating from high school, its wistful probationer, important student nurse, her practical work, her theoretical work, her graduation and registration, and finally the door of the college ajar for her further preparation as executive or teacher in the field of either public health or institutional nursing.

The Second unit of the exhibit was a charmingly colored panorama showing, by means of cut-out figures, twenty-two kinds of nursing. Above it ran a noble caption from Heroditus. For two months the exhibitor lived with this,—then one day she stood off in the aisle and *saw* it! It wasn't just a winsome

comprehensiveness, it had actual grandeur of conception.

From early spring the scene swept through the seasons to winter. Beginning in courtesy with the Red Cross and government nurses, it centered logically in the hospital and hospital school of nursing, and reached its spiritual climax in the lonely figure of the missionary nurse on her snowshoes.

Proclaiming to an astonished world that, like Sherwin Williams' paints, we "cover the earth," hung the map showing the nineteen national affiliated nursing organizations, centering at the International Council headquarters at Geneva, Switzerland. Beneath it stood the magazine table. But what moved the President of the Chamber of Commerce of Columbus, Georgia, and colored public health nurses to take down statistics, was the map that gave the proportion of public health nurses to the population of each state.

Shocked were our visitors when told that Connecticut had one public health nurse to every 3,600 inhabitants, and amusing was the change of expression when it dawned on them that this was our best state in this respect, that matters grew worse and worse, as one went farther south, and ejaculations became audible when Arkansas, most pathetic of all, was discovered to possess but one public health nurse to every 65,600 population.

Copies of "The Challenge" and "Nursing as a Vocation" lay on a table, for all passers except small boys, who dropped them like hot cakes when told they were "just for girls." The agent personally pressed them upon the victims of a sales talk, and many times a day underscored the name and address of the League of Nursing Education on the last page of *Nursing as a Vocation*, adding in the margin, "Send 15 cents in stamps for 'Opportunities in the Field of Nursing,'" making mention of its au-

thor, its authoritativeness, its comprehensiveness. Teachers were interested in entering nursing to become instructors. To normal school students this idea was suggested and they were also dealt with as vocational guides of the future.

A negress, planning to teach at Fiske, working for her Master's degree, when shown the need of sound nursing instruction for her race, said she had always wanted to be a nurse and promised to communicate with the League.

Once, ten teachers, spied and captured as they sped briskly down another aisle, proved a stimulating audience, glad to carry away vocational material. Catholic Sisters, always gracious, would often bring, on request, the large groups of children they escorted. For some unknown reason a theatrical manager made a solitary, but profoundly interested listener asking thoughtful questions. The superintendent of a middle western hospital asked for material showing the standard for schools of nursing.

A library conference yielded several batches of librarians. An evening reception at the booth of the Woman's Hospital gave chance for further explanation of our profession to physicians, over and above the usual one of every day. Doctors were interested; often much pleased; and only one, combative. In contrast, the doctor anaesthetist with two tall daughters was particularly glad to hear of the four-year course and asked where it might be had, near his home.

And what astonishing numbers of nurses visited our booth! They came from India, China, and all over this country. Many were student nurses, told to come. One instructor brought her students in relays and each relay was given the vocational talk.

On the whole, one was struck by the vagueness of nurses as to the way into

the field of public health, though some student nurses were definitely traveling thither, as others were planning for the generally better understood institutional careers.

Every point in our exhibit was a speaking point, but nurses added to them as, for instance, she who exclaimed, "I just love my industrial nursing, there's so much social service to do!"; the Army nurse who said, "When I was in the Navy I visited almost every country and I'm so happy in the service I could never again be content in civilian life." And of all who came to the booth, the most happily responsive and appreciative were the negroes. In their gratitude for courtesy and attention, they gave them back overflowingly.

In contrast to middle-aged women who said they'd always wanted to be nurses, were girls who laughed and said that when they were *little* they'd wanted to be nurses. Evidently then, propaganda should begin with the little girl, at her idealistic and impressionable stage, and be continued without cessation through adolescence at the same time heeding, as of course we are doing more and more, the growing demands of youth for a normal life, and the attractions of the ever increasing competitive callings.

Youth today studies hygiene and it is doubtful if the intelligent girl is able to see why ministers to sickness should not be practitioners of health, for there were disgusted cries of, "Oh, we know about nursing!" "No, I don't want to be a nurse—too hard work!"

Eager to grasp each detail, came a mother whose daughter, invalidated as a result of overstrain during her nursing course, had urged her to find and bring back word of our display, begging to know of some kind of nursing that might be possible for her child in case of partial recovery.

In the guest book are several hundred names and addresses, checked in the margin to show desire for further material about nursing. Some of these belong to girls ready for the profession, some have been contributed by friends of such girls, some belong to children in the grades who wrote with enthusiasm after being given the vocational talk.

Some girls who really want to be nurses backed off shyly with the revealing comment, "No, I'm taking the wrong course," or, "I haven't had Latin." So, thereafter the exhibitor tried to make it plain that Latin is not required and that a commercial course does not debar candidates from nursing, though it does not admit to college or to the five-year course.

As colder weather came on and the schools opened, the authorities threw open the buildings to school children with their teachers. They arrived by bus loads, and nothing could have been better for our work. Among these was a seventeen-year-old Italian girl on the roll of honor in her second year of high school, who had already tried to be a nurse. At sixteen, with one year of high school, she entered a private hospital. Finding herself uninstructed in nursing procedure, repeatedly told to use her common sense, she displayed it by leaving. "Schools of high standards won't take you without high school education," said she.

Close coöperation existed between the city nurses' booth and ours. Their child health exhibit was very fine. Each phase was represented by small dolls, everything to scale and each activity dramatically presented. The room of the expectant mother (she herself leaning heavily on a chair) with its bed with oil cloth, bucket and handy douche bag, couldn't have been better, and in the adjoining bathroom stood the little doctor, all scrubbed up. It all centered in

a realistic street scene in a congested quarter, with ash cart, babies, nurses and overturned rubbish cans.

Nearly everybody who came to our booth was urged to go there, many personally conducted. *That* was what nursing could do for their towns! *There* was public health nursing!

How many people came in all? Probably never less than thirty a day heard the explanation, and quite often one hundred or more.

The best of exhibits needs exhibiting. We were surprized at people's ignorance. After the display had been shown from A to Z, and the term "public health nurse" used not less than ten times, they would still speak of "the public nurse." "Is the public health nurse a graduate nurse?" Oh, *is she?* Such questions enlighten. Let us each answer them, whenever we get the chance, and may our profession afford more splendid things to tell with every passing year.

Is There a Nursing Shortage?

*Doctors Say "Yes," Nurses Say "No," You Can Help To
Secure the Facts*

ABOUT the time this magazine reaches you, the Committee on the Grading of Nursing Schools (which, we cannot too often say, is a coöperative committee of members officially appointed by seven national nursing, medical and public health organizations) will be in the midst of a gigantic inquiry into the truth about the nursing shortage. If you live in Massachusetts, New York, Pennsylvania, Georgia, Louisiana, Illinois, Kansas, Wyoming, Washington, or California, the chances are that you will receive one of the questionnaires sent out by the Grading Committee. This is the first real effort to get at truth about the supply of, and the demand for, nurses. Some nurses and doctors believe emphatically that there is no shortage in any real sense of the term. Others, equally competent to judge, declare that there is actually a very serious shortage. This is an effort to find out the facts. Please help us by answering the questions that may be asked you.

The Committee is canvassing private duty, hourly, public health, and institutional nurses; superintendents of nurses

in hospitals; directors of public health nursing organizations; heads of registries; physicians and surgeons; and through them, many thousands of patients. The questions are simple. You can probably answer them in ten minutes. Unlike most reports, the Committee suggests that no names be signed; but in each case the writer is asked to give a full and frank expression of opinion on the back of the sheet, and then mail it directly to the Committee on Grading. If this study is to be a success, it must be taken seriously by the people to whom the questionnaires are sent. We appeal for your coöperation.

Signed: The Committee on the Grading of Nursing Schools.

WILLIAM DARRACH, M.D.,
Chairman.
MAY AYRES BURGESS, Ph.D.,
Director.



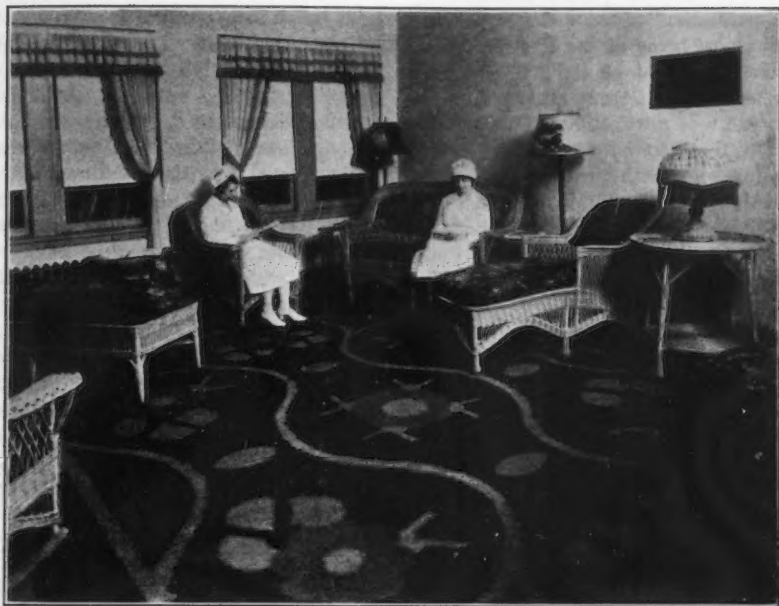
Out of the Mail Bag

I LOOK forward to *Journal* with great deal of interest and I congratulate the editor for the broad spaces devoted to the Private Duty nurse, which vocation I follow and love, only the long, tedious hours are a bugbear.

New York

H. V. K.

Some Rooms for Specials



SPECIAL NURSES' REST ROOM, ST. MARK'S HOSPITAL, NEW YORK CITY

THE picture of the room set aside for the relaxation of special duty nurses at St. Mark's Hospital, New York City, does not do full justice to its charm nor to the suitability of its equipment. This room is not provided with signals of any sort, for Miss Maurer and Dr. Bresnahan believe that twelve uninterrupted hours of special duty is too much to expect of nurses. When we saw it, in the early afternoon, windows were wide open and each couch was occupied by a rug swathed nurse. Other hours, other uses! We were assured that this consideration has been influential in building up nursing morale in the hospital.

The Presbyterian Hospital of Philadelphia has provided a similar room on an upper floor, where comfortable furnishings and cretonne hangings thoroughly dispel the hospital atmosphere for the brief periods the specials take off duty.

When Dr. Goldwater planned Mt. Sinai's imposing private pavilion, no detail was overlooked. Says Miss Greener: "There is a small rest room with a lavatory opening from it, for the use of the graduate nurses who are specializing in the hospital, on each floor of the Private Pavilion. This room opens directly from the information office, and is arranged so that nurses waiting there can see their signals at once, if they are being called. We consider the connection between the head nurse's office and this room valuable, inasmuch as the nurse in charge of the floor can also control this room, which fact is advantageous both from the viewpoint of discipline and of convenience. In addition to the double lockers (131 in number, so there is one locker for the nurses on duty in each private room) there are also dressing booths with mirrors, a lavatory with shower, washbowls, a full

length mirror, all placed conveniently for our nurses."

The new home of the Eastern Maine General Hospital at Bangor, gift of a brother of Mrs. Bolton, that modern patron saint of nursing, has a very beautiful sitting room for "specials" which was furnished with affectionate pride by the Alumnae Association. The Albany Hospital Alumnae Association had the same thought when it equipped the locker room in the handsome new residence. These are not the first instances of such Alumnae activity, however, for the graduates of St. Luke's (St. Louis) did a similar service some years ago.

A number of middle western hospitals have made more or less elaborate provision of this sort, but we are informed that it is not always appreciated. It is,

perhaps, well to be reminded that unused space in a hospital is very apt to be expensive space, for it is not only non-productive, but the overhead of heat, light, etc., goes on inexorably whether the room is used or unused. Among these mid-western hospitals may be mentioned the Miami Valley at Dayton, and the Evanston Hospital. The latter has set aside a well-appointed dining room for special duty nurses, a privilege which is also enjoyed by the specials at Mt. Sinai, New York.

Locker rooms are often a source of dissatisfaction to graduate nurses. Lenox Hill, of New York, has long had a good one. That at Mt. Sinai is particularly convenient, as it has been possible to assign space on the assumption that all patients in the pavilion will have special duty nurses.

Appreciation

THIS attractive picture adorned the program for a fete given by graduate and student nurses at Bordeaux, France, to raise money for the new hospital.

The picture is of student nurses in the library of the "American Nurses' Memorial," Bordeaux, France, and shows bound volumes of the *Journal* which Dr. Anna Hamilton declares to be among her most treasured possessions. They are the gift of Sarah J. Graham of New York, long time private duty nurse.



A Curriculum for Schools of Nursing

A CURRICULUM for Schools of Nursing (the revised Standard Curriculum) published by the National League of Nursing Education is now available. The price is \$2.50 per copy. Send orders to Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York, New York.



STUDENTS IN THE LIBRARY OF THE ÉCOLE FLORENCE NIGHTINGALE, BORDEAUX, FRANCE

EDITORIALS

Our Doctors

ANNOUNCEMENT that the alumnae of the School of the Philadelphia General Hospital has, with appropriate ceremonies, placed in the hospital a bronze tablet to commemorate the service to the school of Dr. Edward Parker Davis, comes as a refreshing breeze after heated discussions of "the nurse question" in many parts of the country.

For forty years, from 1886 to his resignation in 1926, Dr. Davis was a member of the Training School Committee and gave of his "wide vision, sound judgment and reverence for tradition" to help guide the school "through changes progressive and conservative."

We gladly chronicle such a gift, for it is a reminder of one of nursing's most cherished possessions, the proud privilege of close association with the great-souled men of medicine. It will remind many an alumnae association of the riches of its own relationships.

Nurses are taught loyalty to doctors from the moment they cross the thresholds of schools of nursing, but this act far transcends an expression of loyalty. It is one of love and admiration for a recognized and appreciated counselor.

"Loyalty to the doctor, even though he be a fool, is the nurse's cross to bear," said an eminent surgeon not so long ago; but loyalty to the man of medicine who repays loyalty with sympathy and understanding, is transmuted from drab duty to a thing of superlative loveliness. It adorns the relations of not a few of the members of our young profession with representatives of the older one of medicine.

Your Participation Is Essential

THE national study of nursing is under way and thousands of questionnaires are going out from the office

of the Committee on Grading Nursing Schools. These questionnaires have a vital bearing on the lives of nurses for they are concerned with every aspect of professional life, beginning with such fundamentals as whether private duty nurses everywhere can earn enough, under present conditions, to provide a decent amount of butter and an occasional bit of jam for their daily bread. This is no Paul Pry procedure by outsiders. It is a tremendous effort, sponsored by the nursing profession itself and participated in by seven national nursing, medical and public health organizations. The whole purpose is to ascertain facts before attempting to alter and improve our professional structure.

Ten states, enumerated on page 190 of this issue, which seem to be typical of nursing conditions and which represent all sections and conditions of the country, East and West, North and South, urban and rural, mountain and prairie, have been selected for the initial intensive study of supply and demand. If the study is to be thoroughly successful, any nurse in any of these states who receives a questionnaire must fill it out as promptly and as faithfully as she attends to a patient's needs. They will need no urging, for nurses will eagerly seize the opportunity to express their own views. They may further promote the program by encouraging the patients, doctors and any other folk who receive questionnaires to spend ten thoughtful minutes in filling them out.

In every state nurses will want to inform themselves, as thoroughly as possible, of the nature of the study and prepare for immediate or later participation. This can best be done by securing a copy of "The Five-Year Program of the Committee on the Grading of

Nursing Schools" which is now available. A pamphlet costing only twenty-five cents, it challenges the interest of individual nurses, alumnae associations (it is a topic suitable for one or more programs), members of nursing school committees and boards of directors. The section on The Six Essential Attributes of the Nurse cannot fail to interest nurses of all shades of experience.

In the discussion of our present educational methods, admittedly faulty, we find that

we have here a type of school, different from every other, lacking most of the attributes which are ordinarily considered essential to effective work, and yet doing, and frequently doing well, the job for which it was created. If, by studying what it is that makes the nursing school effective, the Grading Committee can throw light upon the essential nature of learning, it will make an important contribution to the larger body of educational theory.

As we have indicated, the medical and public health organizations are participating, but no interest can be quite so keen as that of nurses in preserving the fundamental values to which the quotation refers and in acquiring others. Every nurse has something to contribute in order that the conclusions may be soundly based on the expressed opinion of all concerned, and not merely on those of a few of the more alert. We have often boasted of the collective power of nurses. By whole-hearted participation in this study, we have an opportunity to prove to the worlds of medicine, public health and education that we know, to a superlative degree, how to pull together.

A Changing Order in Private Duty

THE old order changeth" is the inexorable law of life. It is the law of all progress. It is the operation of this law that is causing both grave anxiety and hope in the hearts of private duty nurses at the present time. The

distress of those who dislike change is acute. The hope of those who believe that conditions should be changed is based on a number of factors, some of which are beyond the control of the nursing profession.

Time was, and not so long ago, when private duty nurses were busy in the autumn, for the annual wave of typhoid, a disease that has always roused the fighting instinct and tested the mettle of nurses, made many prolonged demands. Today typhoid, although unfortunately not extinct, is a negligible factor in the employment of nurses. Witness the long, long lists of waiting nurses on our registries every fall. The science of public health, working always to keep well people well, has reduced the incidence of some other diseases in almost as spectacular a fashion, and medical nursing is "not what it used to be." Indeed not. It is still concerned with all the old values, to be sure, but it is also concerned with disorders of metabolism, the degenerative diseases and, increasingly, with conditions involving mental health. Long, "interesting," acute cases are becoming a thing of the past for the private duty nurse. The new cases are, to the initiate, equally interesting, though far less spectacular, and relatively few nurses have yet really qualified for them.

Nor is it only in the medical field that the picture has changed. The art and science of surgery grow apace, growth that includes not only marvelous technics but has brought about sharp reductions in the time of convalescence, and the hospital special has many short cases instead of a few long ones throughout the year.

Fortunate indeed it is for humankind that these things are true, but their influence on the practice of private duty nursing is not to be ignored.

What is to be done for the tremendous group of private duty nurses who,

whether they will it or not, are like the nurse whose experience of last year is so clearly described on page 171 of this *Journal*? That nurse spent *one third of the year in enforced idleness*. It is a high price to pay for the cherished independence that is the lure which keeps many nurses in private duty.

The old order changeth. The whole economic tendency of our times is toward group activity. Signs point toward more group nursing in hospitals and toward some supervised type of distribution of nurses doing bedside work outside of hospitals. The handwriting is on the wall! The economic security of the private duty nurse is a problem demanding the best thought of the best brains within and without the profession. The studies of the Grading Committee will give us facts, where today we have only anxieties, but there is no bar to thinking while we await the facts and we reiterate that forces, some of which the nursing profession can in no sense control, are at work and they are bound to change the whole system of private duty nursing, whether we wish it or not. It is the solemn duty of the profession as a whole to see to it that emotion is not mistaken for thinking that no opportunity for constructive action is lost and that the changes shall be the wisest that can be made with the knowledge which we can obtain.

Hungry Nurses?

TO be honest, we do not know of any nurses who are actually hungry, but we are dreadfully anxious about some we know who are running a serious risk of being in that unhappy state. Why? Partly because they have moved without making a careful investigation of conditions in the pastures that looked so green and inviting from afar. Warnings have come from several localities to the effect that, as they have nurses enough for ordinary demands,

newcomers run risk of serious unemployment. The professional group in Florida is particularly perturbed over the situation, for every town has more nurses than it can employ, but Alabama and North Carolina are anxious, and California finds the roving nurse almost an annual problem.

If nurses would remember that the *Journal* exists to help them, some tragically hard times might be avoided. Month after month it publishes the Official Directory containing the best possible sources of information on nursing conditions in the various states. In addition to this, a considerable number of official registries carry advertisements. Furthermore, A.N.A. headquarters is in constant touch with all parts of the country and has a complete list of official registries to which inquirers about private-duty conditions may be referred. These things exist solely in order that nurses may be served. They are not money-making schemes. They are founded on a sympathetic interest in all nurses, obscure or great, and each nurse has an equal right with all the others to claim consideration.

Doubtless nurses sometimes feel that they have tapped official sources when this is not the case. We would again remind them, particularly nurses in private duty, to ascertain the real status of their sources of information. For example, "Nursing Headquarters" may mean something very different from our national nursing headquarters, which comprises the offices of the three national organizations, A.N.A., N.L.N.E. and N.O.P.H.N. The names used locally are often confusing. Nurses who have a right to feel their profession at their backs should search for the official registries. We have indicated the channels through which the information may be secured.

The localities which have sounded warnings have done so in the friendliest

possible spirit. Quite naturally, they are looking out for the welfare of their own nurses—those who have, year in and year out, labored to build up their clienteles in a professional fashion—but they are also profoundly and generously concerned for the superfluous nurses, the transients who float in and out with the seasons and some of whom are this year having an extremely difficult time.

Spirit

A SMOKY, two-alarm fire, a seventy-four year old patient on the third floor of a home—a nurse, and safety! Almost as briefly as that, the *Bulletin* of the Massachusetts Homeopathic Alumnae tells of the heroism of Mary E. Creed. It is the sort of thing that brings thronging memories of marvelous devotion.

There is, for example, New Jersey's cherished memory of Henrietta Denfield who "willingly and knowingly gave her life for another—not to save another—but stood by in the grim approach of death to comfort another, and to make

the end as easy as possible" in the fire which destroyed them both.

Carrie Hoskins, mourned by the Bellevue Alumnae, passed on because of the shock induced by the act of a patient in destroying her own life.

Newspaper accounts of the recent fire at the University Hospital, Ann Arbor, Michigan, contained no mention of the nurses, but their director writes: "I was never so proud of any group of women in my life as I was of the nurses that night. Every one of them responded immediately even to the very youngest freshman. During the whole chaotic time—the hospital was filled to capacity—I did not hear a single word of complaint or irritation on the part of the overworked nurses."

The world accepts these things with little comment because they are so entirely in keeping with their ideals of nurses. The profession, too, accepts them with comparatively little comment, but with deep pride in the steadfastness, the intensity of purpose and sheer courage of such women.



"ECONOMIC efficiency is a necessary element in the life of any sane and vigorous society, and only the incorrigible sentimentalist will depreciate its significance. But to convert efficiency from an instrument into a primary object is to destroy efficiency itself. For the condition of effective action in a complex civilization is coöperation. And the condition of coöperation is agreement, both as to the ends to which effort should be applied, and the criteria by which its success is to be judged."

R. H. TAWNEY.

Who's Who in the Nursing World



LXVIII. HARRIET CAMP LOUNSBURY, R.N.

Author, administrator, organizer, Mrs. Lounsbury is 75 years old "and proud of it," and well she may be for hers has been a fruitful life and it is still an active life. Although a native of Indiana, Mrs. Lounsbury was graduated from Temple Grove Seminary (now Skidmore College), Saratoga Springs, N. Y., and the School of Nursing of the Homeopathic Hospital of Brooklyn. Her varied career has twice been punctuated by postgraduate courses at the summer schools of Western Reserve and Columbia Universities.

"Making Good in Private Duty," the first textbook in that subject, grew out of her early personal experiences.

Although she was Superintendent of Nurses at her Alma Mater for six years, it is with nursing in West Virginia that Mrs. Lounsbury's name is indissolubly connected. As President of the State

Association, a position which she held for thirteen years, Mrs. Lounsbury prepared the original bill for nurse registration and worked to secure its passage in 1907. After many years as a school nurse in Charleston, she became supervisor of school nurses. She has also been supervisor of the teaching of physiology and hygiene in the public schools of her city. Her war record covers both the Spanish-American and the Great War. During the former, she succeeded Miss Maxwell as Chief Nurse at Sternberg Hospital, Chickamauga, and later served as Secretary and as President of the Spanish-American War Nurses. During the Great War, she taught Home Hygiene and Care of the Sick and was State Chairman of the Red Cross Nursing Service. Mrs. Lounsbury is still active in Association work at her present home, Huntington, W. Va.

Our Contributors

Mrs. Mary Breckinridge, R.N., C.M.B., has harnessed sound professional preparation and the flaming zeal of true motherhood to the work for mountain mothers in her native state, which she so briefly describes in her foreword. She fails to state that the work is the child of her own brilliant brain. The letters C.M.B. mean that Mrs. Breckinridge and **Edna C. Rockstroh, R.N., C.M.B.**, as did also their colleagues, became so interested in the care of mothers that, since there are no schools for nurse midwives in this country, they went abroad for their courses and are certificated by the Central Midwives Board of England. Miss Rockstroh was graduated from the Clifton Springs School for Nurses. Those who are concerned with the appalling maternity mortality in this country are watching this work with keenest interest.

There is so much negative discussion of the cost of nursing service that we urgently requested the article in which **Shirley C. Titus, R.N., B.S.**, who is Director of Nursing at the University of Michigan Hospital, again demonstrates the original quality of her thinking.

Ella Hasenjaeger, R.N., is the friendly and cooperative Director of Nurses at the Ashland State Hospital, Ashland, Pennsylvania.

Elise Van Ness finds the work of Publicity Secretary for the A.N.A. increasingly absorbing. She knows more hourly nurses than does the editor but the editor can still brag about her lead among private duty nurses.

The Private Duty Nurse whose letter we publish did not seek publicity, but we felt that she presented a picture of effort to lead a well balanced and useful life that is probably typical of many an "unsung" private duty nurse.

We are indebted to **Helen R. Fowler, R.N.**, Director of Clinics and Social Service at the Boston Lying-in Hospital for securing the admirable paper by the Director of the Cardiac Clinic, **Dr. Burton E. Hamilton**.

Annette E. Steen, R.N., Instructor in the College of Nursing, University of Texas, demonstrated the practical little Procedure Book at the fall institute held by the Texas League of Nursing Education.

Dr. L. D. Hubbard is sympathetically interested in the subject of Nursing the Mental Patient because, as Senior Physician on the Female Service at Saint Elizabeth's Hospital, Washington, D. C., she devotes some time to the instruction of student nurses.

Clara Brouse, Ph.B., R.N., is best known as a visiting instructor, but she gives generously of her time to other professional activities as shown in "Akron's Headquarters" which is yet another evidence of the growing tendency of the profession to centralize and control its own activities.

We welcome **Minnie Goodnow's (R.N.)** very excellent and practical Helps toward Fire Prevention which she teaches in the Hospitals of the Graduate School of Medicine in Philadelphia.

Hilda Wang, R.N., graduate of the Peking Union Medical College School of Nursing and now an instructor in that school, contributes her bit toward arousing interest in the meeting of the I.C.N. in China in 1929. May that unhappy country be ready for us at that time.

E. Laura Lohman, R.N., is Assistant Director of the Vanderbilt University School of Nursing, the fortunate school which has a subsidy from the Rockefeller Foundation for the advancement of nursing education in the South.

Had **Stella Boothe Vail, R.N.**, realized that death would prevent her demonstrating her masterpiece, the beautiful panorama of nursing at the Sesquicentennial, she would doubtless have chosen **Frances Maltby, R.N.**, to carry on her work, for Miss Maltby was qualified by long experience in vocational work to bring out the full value of the work. The exhibit, which was planned for transportation, has since been displayed at New Haven, Connecticut.

The profession owes a real debt to **Marjorie Wildes**, who has given in a most generous fashion of her time and her knowledge to a study of the need for a cumulative index to nursing literature. Miss Wildes is Librarian of the School of Medicine and is in charge of the library of the School of Nursing of Yale University.

Isabel M. Stewart, M.A., R.N., is, as all the nursing world knows, Professor of Nursing at Teachers College and Director of the Department of Nursing Education.

Kenneth L. Burdon, Sc.M., Ph.D., whose thoroughly practical discussion of Teaching Bacteriology to Student Nurses we present to our readers, is Instructor of Bacteriology and Public Health, Washington University.

The *Journal* is happy to have the Review of the Grading Program by **Dr. Joseph C. Doane** because he is not only one of the most progressive hospital superintendents in this country but he is also president-elect of the American Hospital Association.

Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

An Index to Nursing Literature

Why Nurses Need an Index to Current Nursing Literature and How It Could Be Used

BY MARJORIE WILDES

THE questions asked a reference librarian in a nurses' library are of such a nature as to convince her that there is great need of an Index to Current Nursing Literature. Comments on the latest developments and activities in every field of the nursing profession and the allied professions are first published in journals which are circulated far and wide. In some instances these articles are so highly specialized that, although they are of interest and value, they would never be published in book form. A student nurse may have a paper to write on dispensaries, a graduate nurse may want to know more about the unit system used in certain contagious disease hospitals, or a superintendent of nurses may be interested in some topic on nursing education, all of which are subjects on which the latest information is desired. Or again, a graduate student, before she undertakes her thesis, will have to ascertain just what has been written on the subject in question, both for her own enlightenment and also to avoid the risk of unnecessary repetition. Hence it is evident that, in addition to textbooks on the technical and standardized aspects of nursing, the student nurse, the progressive graduate nurse, and the graduate student in nursing must have recourse to the current literature on her subject just as much as it is imperative for members of the medical profession constantly to consult periodicals for the

latest information on medical subjects long before it finds its way into permanent book form.

The questions at once arise "How can this be done?" "Is it not a laborious undertaking to hunt through several periodicals for several years back to find a certain article which one is sure that one saw sometime or other, or to hunt for an article which one hopes may have been written on the topic in question?" The reply is that there is a way out of this difficulty; namely, the compilation of an index to current periodical literature, which should also include important pamphlets, bulletins, and reviews of outstanding books.

The items of a periodical index should, in every instance, contain the author's name, the title of the article, the title of the periodical in which it appears, the date of publication, the volume number of the periodical, and the inclusive paging; e.g.,

Graham, L. H. Exercises for Cardiac Cases. *Amer. J. Nursing*, May '25, vol. 25, pp. 364-69. Illustrations.

The same item should again appear under the appropriate subject heading which describes the nature of the article; e.g., Under the heading, Heart—Diseases—Treatment, should be found the item,

Graham, L. H. Exercises for Cardiac Cases, etc.

An index should be published monthly, then every three months the articles

in these monthly issues should be cumulated, that is, arranged in a single alphabet in one issue, with the author and the subject itemizations as in the examples above.

Assuming that an index would be compiled by a trained bibliographer who would conform to standardized methods of indexing and adopt the standard subject headings and abbreviations, readers would soon become familiar with its methods and hence, with the methods of other scientific periodical indexes.

In every issue of such an index there should be a list of the journals (with their prices and places of publication) which are regularly indexed in order that the user may be sure that if an article of value has been written in any of the journals listed, she will find it noted. Moreover, she should be able to find the note of more important articles relating to nursing which appear in publications other than in the list of the journals indexed. The journals to be indexed should at least include those published in the United States, with a few international and foreign publications. A suggested list is given below:

American Journal of Nursing, Rochester, N. Y.

British Journal of Nursing, London.

Canadian Nurse, Winnipeg.

I. C. N., Geneva.

L'Infirmière française, Paris.

National League of Nursing Education. Annual Reports.

Nursing Times, London.

Pacific Coast Journal of Nursing, San Francisco.

Public Health Nurse, New York.

Queen's Nurses, London.

Trained Nurse and Hospital Review, New York.

Victorian Order of Nurses, Ottawa.

A few specific questions which have been asked may further show the need of an index:

1. "Where can I find a simple explanation of basal metabolism?" A good description, "Basal Metabolism and Its Interpretation," by L. S. Heyen, was found in the *American Journal of Nursing*, March 1924, vol. 24, pp. 447-452.

2. "What articles were written by Miss Jones in different journals of nursing during the year 1922?" This, to be sure, was not a difficult question, but it took much more time to search through seven or eight journals published in 1922 than it would have taken to consult one volume of a periodical index.

3. "Where shall I find a good article on the relationship between the hospital and the community?" The desired article proved to be by E. A. Fitzpatrick, entitled, "Interrelationships of Hospital and Community," *Modern Hospital*, February 1925, vol. 24, pp. 133-144.

4. "Have you seen a review of F. H. Richardson's book, 'Parenthood and the Newer Psychology?'" and many similar questions.

Although nearly every specialized journal contains notes of current literature on its own subject, there is at present no cumulative index which covers the entire field of nursing.

The need of an index is not only the question of saving time in searching for articles published in periodicals, but the more important fact of making the large amount of nursing literature available to the reader, whether she has access to a large library or a small one. The reader would have the opportunity of selecting her own reading, she would become conversant with a wider field of nursing literature and with a variety of subjects connected with her particular interests. It would stimulate nurses to more extended reading, with the result that nursing literature would be raised to ever higher standards of excellence. With a good working tool at hand, libraries connected with training schools for nurses would be able to teach students to much better advantage the methods of searching for their own references. Any library which does not

own the material desired can usually obtain it through the interlibrary loan system. In view of all these considerations, should not the nursing profession have a cumulative index to current nursing literature?

A Sample Page

ABDOMEN—Diseases. Carson, H. Some points in the treatment of acute abdominal conditions. *Brit. J. Nursing*, March '25, 73, 58-9.

ACIDOPHILUS, see Milk, *Bacillus acidophilus*.

ALLEN, J. C. Field training for rural public health nurses. *Pub. Health Nurse*, Sept. '25, 17, 470-74.

AMERICAN JOURNAL OF NURSING. Riddle, M. M. Reminiscences of early days of the American journal of nursing. *Am. J. Nursing*, Oct. '25, 25, 838-41. ports.

BAILEY, W. L. Teaching sociology in school of nursing. *Trained Nurse, etc.*, Aug. '25, 75, 132-35.

A Plan for the Publication of an Index to Periodical Nursing Literature

BY ISABEL M. STEWART, R.N.

HAVE you ever noticed how some idea will strike a number of different people at about the same time, and how the pressure of the idea grows until they just have to get together to do something about it? That is what happened in regard to this plan for a nursing index.

Editors of our national nursing journals, secretaries at headquarters, teachers in university departments of nursing, and librarians in several libraries and bureaus, all began to feel acutely the need of something more comprehensive and more adequate than anything at present available for reference on nursing literature.

After many informal conversations and much correspondence, the following people formed themselves, last fall, into a voluntary committee to study this whole matter: Miss Roberts of the *American Journal of Nursing*; Miss Carr of the *Public Health Nurse*; Helena Stewart of the Yale School of Nursing; Major Julia Stimson of the Army School of Nursing; Miss Nutting of New York; Miss Hall, President of the National League of Nursing Education, and Miss Stewart of Teachers College, representing the nursing group, Miss

Bradley of the Metropolitan Life Library; Miss Casamajor of the National Health Council Library; Miss Wildes of the Yale Medical Library, and Miss Hamlin of the Hospital Library and Service Bureau, Chicago, representing the library group. The writer undertook the chairmanship for the period of organization.

It was not only our own needs but the needs of our students that drove us to consider an organized plan of action. The steadily multiplying letters of inquiry coming from all sections of this country were convincing evidence of a rapidly mounting thirst for reading lists, bibliographies, and general information about all kinds of literature relating to nursing and nursing education. If such inquiries prove difficult to handle now, where would we be in a few years when our literature would be double its present volume?

We found on inquiry that practically all other professional groups have some means of listing their current literature for ready reference, and such helps are regarded as indispensable by all serious professional students. Everyone knows how much physicians rely upon the *Index Medicus*, and how valuable to

public health workers is the modest little Library Index issued weekly by the National Health Council. These indexes as well as the familiar Readers' Guide and the Public Affairs Information Service, found in nearly all public libraries, give a few articles on nursing, but no one would look to such sources for any accurate or comprehensive idea of what is going on in the nursing world today. Indeed such lists are often likely to be more misleading than informing to people who do not know the scope and trend of our work.

There seems to be no question about the need of such an index to nursing literature. The only question is how we can bring it into being and how it can be financed. The present plan is to begin in a very simple way with a monthly publication, which would have an extra cumulated list of references at the end of the year, and if possible, at the end of each quarter as well. An expert librarian would be put in charge of the work, and the Index would probably be issued from the office of the National Health Council Library, 370 Seventh Avenue, New York.

Generous offers of assistance have already been received from the Surgeon General's Library at Washington and from other sources, but even with a good deal of voluntary help, the preparation of these carefully classified lists will be expensive, and it is doubtful whether the project can be made self-supporting unless a substantial list of subscribers can be assured. The committee believes that nursing schools generally will appreciate the value of such a publication for the use of both instructors and students, and that a good many individuals in the nursing group will want to subscribe to the index for their own personal use.

This plan for the index has been en-

dorsed by the three national nursing organizations, and the original voluntary committee has been taken over, officially, by the National League of Nursing Education. Letters with subscription blanks will be sent out within the next few weeks to libraries and nursing schools throughout the country. Individuals wishing to subscribe should write direct to the National League of Nursing Education, 370 Seventh Avenue, New York. There is little doubt that the publication can be put on a permanent basis if at least one thousand subscribers can be secured this first year at three dollars a year.

The committee asks the coöperation of all friends of nursing education in this experiment. If it proves a success, Nursing will have made one more step toward an established professional status, and we shall all wonder how we ever got along without this modern device which will save a great deal of time and effort, and at the same time, extend much more widely our range of information about nursing affairs.



IT is officially reported that the State of New York spent, in 1924, \$580,762 for the care of 911 syphilitic insane admitted during the year. The United States Public Health Service calls attention to the important facts that this expenditure of over half a million dollars is the cost of institutional care alone, in one state only, and for but one of the hopeless disabilities resulting from neglected or inadequate treatment of syphilis, either in the early or late stages. Attention is also directed to the fact that this information should serve to influence negligent persons, who are aware that they are in need of treatment, as well as persons who have to do with delinquent adults, boys and girls, in whom the detection of the diseases and their adequate treatment might tend to correct their social trends and to protect the community from further expense.

—U. S. Public Health Service.

Problems in Teaching Bacteriology to Student Nurses¹

BY KENNETH L. BURDON, Sc.M., Ph.D.

IT is necessary to know how and where bacteria live, and what they do, before one can have any adequate understanding of the origin or true nature of the commonest ills of mankind. The nurse needs to understand the fundamentals of bacteriology, though she fail in everything else. The study of this subject should illuminate many phases of her work, and should stand her in good stead throughout her professional life. It ought to be especially helpful to her, it seems to me, in three ways: First, it should make nursing technic intelligible; it should give her a true comprehension of the principles behind the germ-excluding, germ-destroying technic which has so conspicuous a part in routine nursing at the bedside and in the operating room. In order to gain this comprehension the student must be made acquainted with the fundamental properties of bacterial cells, the means by which they live, and also the practical measures by which they may be avoided and destroyed. Second, by explaining the relationship between microbes and the living body, how certain bacteria cause disease, and how the body reacts to their attack, the instruction should enable the student to understand what happens when pathogenic bacteria gain entrance to the body tissues, and so help her to visualize the course of bacterial diseases in terms of the germs concerned. She will then have a more intelligent insight into what is happening to her patients. And third, by teaching how microbes of disease are passed from person to person, and the fundamental factors of infection and of immunity, her study ought to supply her the basic knowledge to apply in her

greatest work—the practice and the teaching of disease prevention.

It is not so easy for the instructor of bacteriology to teach all these things, however, as it is thus to catalogue them. After a rather considerable experience in the teaching of student nurses, I still find it a difficult task to present bacteriology to them in a satisfactory way. I suspect that others who teach it feel, if truth be told, as I do. Each succeeding class reemphasizes certain of the outstanding difficulties. It may be profitable to consider what some of these teaching problems are.

If these difficulties are analyzed, they will be found to be made up of three elements, all related, but each offering a separate problem by itself. There is, first, the obvious difficulty of compressing the vast subject of general and medical bacteriology into a course teachable in the limited time (45 hours or less) allotted to it. A second difficulty is offered by the character of the subject matter itself,—the problem of enabling the student to grasp quickly such a strange and necessarily somewhat technical subject. And finally there is a third difficulty, most fundamental of all, which arises from the fact that most of our students are poorly prepared for the kind of study we ask of them. The majority are not well trained in elementary science, so they lack a sound background for the understanding of a practical science like bacteriology and, further, they are not practised in those scholarly habits needed for success in an intensive study.

In short, the task of teaching bacteriology to student nurses is to impart, in too brief a time, a great deal of important information, of a necessarily strange and technical character, to

¹Read at an institute conducted by the Missouri State Nurses' Association, October, 1926.

young girls without adequate elementary training and unaccustomed to the rapid assimilation of new ideas.

If these are realities, they ought to be recognized, and our teaching ought to be planned accordingly. The prospect need not seem too discouraging, the recognition of these difficulties is surely the first step toward overcoming them. I am offering no counsel of despair. As a matter of fact, when an attempt is made to meet these problems squarely, student nurses do exceedingly well. The danger is that the difficulties may be ignored and no attempt made to overcome them. In that case, the result of the instruction may be truly disastrous from the point of view of real education. It seems to me that courses should be planned and conducted with the real difficulties of the task in view, so that a proper balance may be struck between what we would like to have our students learn and what they really can be taught.

It is easy to think of undesirable ways in which to meet the situation. A bacteriology course might be planned to consist principally of very brief descriptions of all phases of the subject in words of one syllable or thereabouts,—a sort of course in baby talk. Some of the nurses' textbooks seem to be written with this idea. They are bacteriological primers, written in simple language, but they are unsatisfactory because they leave matters of vital and fundamental importance quite inadequately explained. This is certainly not a good plan. It is almost as bad as the textbook or course of the opposite type, in which there is an attempt to give a complete, systematic presentation of the whole subject in a condensed form, without any regard for the nurse's special needs. An abstract of the standard works on bacteriology is not what the nurses want.

Rather they should have a course planned especially for nurses, adapted

to their peculiar needs and interests, and stressing broad fundamentals,—a course adapted to the capacity of the students to assimilate it, but one that does not dodge the need of explaining unavoidably complex things.

The problem raised by the great bulk of available information about bacteria on the one hand, and the limited time for teaching on the other, can be solved satisfactorily only by a rigid exclusion from the instruction of all matters not of basic importance. There must be a deliberate choice of those phases of the subject which are truly significant and fundamental, and a deliberate emphasis of those topics which serve to illuminate the practical work of the nurse. Nothing should be included merely for the sake of systematic completeness. It is fundamental, for example, to know under what circumstances the typhoid bacillus is able to live outside of the body and how it reaches the intestine of its victims, but it is of no significance to the nurse that the organism ferments mannitol without gas and forms an invisible growth on acid potato. It is even more important that the student should understand the fundamental properties of bacteria of the type of the typhoid bacillus, but it is of no value for her to be able to tell us glibly, in detail, how the bacteriologist differentiates this germ from the fifty-seven other varieties of closely related intestinal bacteria. She ought to have a very accurate and practical knowledge of how to meet the problems of sterilization and disinfection encountered in the ward and the operating room, but she does not need to know the thermal death point of the *Bacillus botulinus* in canned corn. She needs to understand principles first, rather than detailed facts, and she is properly interested in those aspects of the subject which find direct application in her own work.

There are four phases of the subject

which, in any case, are naturally included: first, the fundamental properties of bacteria; second, the elements of bacteriological technic; third, the general factors of infection and of immunity; and fourth, the bacteriology of the more important diseases individually considered. I think these topics are important in the order named, the fourth could be omitted with the least loss. If the truly rock-bottom facts of each of these parts of the subject are taught and if the practical principles they support are understood, no more should be asked. Here at Washington University, out of a total of about twenty-five hours of lecture and recitation, we devote about nine hours to the fundamental properties of bacteria, including two or three hours of lecture on the practical aspects of sterilization and disinfection and on ways in which bacteria are studied. About eight hours are given to discussion of the general factors which govern infection and resistance, and the remaining hours are used for the study of individual diseases. The balance of our course consists of twenty hours of laboratory work.

To require the students to learn and practice the elements of bacteriological technic in a laboratory, is, in my experience, the answer to the problem created by the strange and technical character of the subject matter. The world of microbes is indeed a queer new world to the student; it takes a lively imagination, and a trained one, to correctly visualize it, and it is not a thing to be comprehended in a hurry. It takes time for mental pictures of microbes to grow and take on any sort of reality in the student's mind. The subject is hard for her at first, merely because it is so strange. The way to bring the study "down to earth," and make it real, is to require the students to prepare and examine cultures of bacteria for themselves. True, this means that they must

be taught a technic utterly new, "fussy," and queer, not to be learned in a lesson or two. Some instructors, I understand, feel that it is impossible to teach student nurses sufficient technic, in the limited time of the course, to permit them to do individual laboratory work. Demonstrations are, therefore, used exclusively. This is unfortunate, for, in my experience, while some demonstrations are valuable, many are not worth much. In general, demonstrations are very expensive of the time and energy of the instructor, and students are inclined to pay little attention to them. But students can be taught how to use the microscope and how to handle cultures, at least passably well, in three or four simple lessons, and once they learn and practice independently this elementary technic, the strange and forbidding aspect of the study disappears and they begin to understand what it is all about. Even if limited facilities forbid many laboratory hours, I would urge every instructor to beg, borrow, or steal enough microscopes, Petri dishes, and culture media, so that at some time, early in the course, every member of the class may make some kind of a culture for herself and study it by herself. This is the only way microbes can be made real to her and their true nature appreciated. This is the only way the imagination can gain anything tangible and accurate to lean on.

It must not be forgotten, also, that the laboratory teaches many of the most valuable lessons we want to give. Learning and practising the simpler bacteriological technic is especially helpful to nurses, because this is the best and the easiest way to learn the necessity for asepsis and the principles on which it depends. Bacteriological technic is, in principle, the same as the aseptic technic of the hospital.

If we have solved our first two difficulties perfectly, if we contrive to stick

to fundamentals, and if we make the study real to the student through some actual experience with microbes in the laboratory, we are still faced with the third and most fundamental problem of making our pupils truly understand. This is a problem, of course, in any kind of teaching, but it is especially acute in the student nurses' preliminary course because so many of the students are very poorly prepared to absorb, in such a brief instruction, even the outlines of the subject we have to teach. In schools where the entrance requirements are of the highest, as here at Washington University, the problem is less pressing, but in nursing schools in general, it must be admitted that the hardest task of all is to get the instruction "under the skin" of the students. They are quite unaccustomed to the kind of intensive study they are suddenly called upon to do when we ask them to comprehend in a very short space of time, and while occupied with several other studies, both the general and medical phases of the complex subject of bacteriology. I have never heard of a college freshman course that expected as much of the student as we do.

The students lack preparation, not through any fault in their own intelligence, but through an inadequacy in their earlier schooling. This lack of a sound broad background on the part of the students is really a fundamental weakness in all schemes of nursing education. It does not in itself make impossible a satisfactory and proper education of nurses, but it does very materially limit what they can actually learn during their stay in a nursing school. This is a fact too often forgotten when nurses' courses are projected. It is easy to forget that there is a wide disproportion between what the students are able to assimilate and what is theoretically desirable for them to know. It is obviously absurd and futile to attempt to carry out a paper program

which does not take into account the inability of the students to follow it.

These considerations apply with special force to the teaching of a basic course like bacteriology. The instructor of bacteriology must trim his sails to the wind of actuality and while teaching the fundamentals about bacteria and infectious disease, he must try to stay within the bounds set by the understanding of the student, and try to build in a background, as well as he may, for the things he has to say. Concrete examples, illustrating basic principles, ought to be his principal stock in trade. Elaborate classifications of bacteria, abstract theories of immunity, and many other topics of the like, had best be omitted altogether. He should especially avoid asking the students to learn definitions, the terms of which they do not understand. He ought not to assume a knowledge they do not have. To give the homeliest possible illustration, he ought not to talk about degrees Centigrade unless the students know what this temperature scale is, and its relation to the more familiar Fahrenheit scale. He should not expect them to understand phagocytosis before they know what the leucocytes are. They cannot comprehend what antitoxin is until they know what blood serum is and how it is obtained in pure state from the body. It is manifestly impossible to explain everything, and we have the right to expect the student to study out many things for herself, more than she has ever done before. The instructor must try to strike a workable balance between the nurse's need to know and her capacity to learn. If he succeeds, he is meeting the first responsibility of the teacher, which is to teach,—that is, to see that his students understand what he is talking about, so that they gain some real knowledge. He should not fail in this in order to satisfy the demands of a theoretically perfect curriculum.

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Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

Director, Nursing Service, American Red Cross

Conference at National Headquarters

GENERAL and specific problems, north and south, were aired to some purpose at a conference, January 10 to 15, at National Headquarters on which nursing field supervisors from all over the Eastern Area converged with the general field staff. It was a time of stimulation through work and play.

Distinctive places were marked out by the visit on Saturday morning, January 15, of William Allen White, whose reputation as man of letters and idealist is international; by the delightfully sociable "Colonial Supper" of Wednesday evening, January 12, organized by Clara D. Noyes, head of the Red Cross Nursing Service, who, alas, was unable to be present after all, owing to her sudden, serious illness; and by the public health nursing survey of Elizabeth Gordon Fox, Director of Red Cross Public Health Nursing Service, giving her hearers a forceful picture in retrospect of the milestones passed and looking to the future to outline what remained to be done to strengthen the position won.

William Allen White, in a brief speech stressing the work of nursing in a community and making a plea for assistance in the fight against illiteracy, uttered some epigrams that might well be shared:

There is as much trouble in this country from ignorance as from bad health. Ignorance is always spiritual bad health.

The same people who work for the Red Cross do the same things for the rest of the community. It is like an interlocking directorate.

The shoulder which does not bear the burden "isn't never going to grow wings."

Leading the discussion on The Small

Disaster and Its Problems, Alice Dugger, at the meeting on the morning of the 11th, said that a main one was supplying suitable nurses where most needed. The nurse suitable for disaster relief, she maintained, must be physically fit, temperamentally suitable, have a willingness to work, an amenableness to discipline, a loyalty to the organization and, above all, she must have teachableness.

Owing to the abnormal excitement of the situation, nurses in disaster relief were under a very high nervous strain, Miss Dugger pointed out. The very speed necessary in securing nurses for immediate service often resulted in material unable to endure this tension. It was as much of a problem to the State and Local Committee, doing a thorough job at home, to choose from the personnel available suitable material.

Leadership was another essential. A nurse leader for this type of work must have definiteness in instruction, directness of purpose, yet the ability to change her plans adapting them to swiftly changing conditions.

Taking up the matter of a medical survey, Miss Dugger said that in a small area suffering from disaster in the form of an epidemic, it was not much of a problem, but where there was property loss, instructions were needed. There should be a definite set-up, so that nurses going out to ascertain the needs might be specific. She illustrated her point graphically by showing how in one instance sixty-two nurses engaged in a medical survey brought in sixty-two different interpretations of what was required of them.

Miss Fox knitted up points in the discussion by showing that owing to the

unusualness of disaster relief work, there was no trained personnel in the United States or elsewhere for it. After the immediate injuries had been taken care of, disaster relief without public health nurses was at a disadvantage. Even public health nurses were at a disadvantage in it at the present. The solution was trained leadership.

Ida F. Butler, Assistant Director of Red Cross Nursing Service, supplied the angle of the State and Local Committees in this matter of furnishing nurses in haste. Committees were not asked to send so many institutional or so many public health nurses—they were forced to select the number requested from those available for *immediate* service. Later on, direct requests sent in to the committees insured attempts to procure nurses to fill specific needs.

As J. Arthur Jeffers, Assistant to the Vice Chairman, who presided over the session, summed up: It was the time element and the emergency conditions that were responsible for these problems.

Henry M. Baker, Director of Disaster Relief, in a fleeting visit to National Headquarters from Florida, found time to address the meeting. He stressed some interesting points among which were:

The Red Cross is there the moment a Chapter official begins to function.

A Chapter in order to live must have a continuous, vital program.

Disaster relief has become increasingly dependent on the other Services in a Chapter. The idea that any Chapter may have a skeleton organization and therefore need not function is entirely wrong.

Those Chapters which have served best in participation are the Chapters which are doing something all the time.

I want you to realize not the growing independence, but the growing dependence, of Disaster Service upon the other Services which are continuous, whereas disaster is only intermittent.

Perennial Topic

THAT topic of perennial interest—the relationship between State and Local Committees, Chapters and Nurses—came up in connection with the discussion led by Mrs. Charlotte M. Heilman. “How can enrolled Red Cross nurses be used to better advantage by the Chapter?” It was agreed that the set-up of the Red Cross Nursing Service should be *generally* understood and that it was not only a matter of concern to nurses. Any member of the Local Committee on Red Cross Nursing Service could materially assist expedition in disaster relief if she were also a member of the Chapter Executive Committee in the territory where she happened to reside.

Clearing up an obscure point in discussion of the obligations of Red Cross nurses, Miss Fox said:

We obligate ourselves to serve the country in time of war and in time of disaster, but we are not at the disposal of the Chapter unless we ourselves wish it. We are not in any way obligated to serve the Chapter unless we are asked to do so.

Public Health Nursing Conference

MISS FOX held conference with the Nursing Field Supervisors on Wednesday afternoon, January 12, when Mrs. LaMalle, Director of Nursing of the Metropolitan Life Insurance Company, was present. As time had come to take stock of what had been done by the Red Cross Public Health Nursing Service in the past, and to forecast what remained to be done in the future, Miss Fox surveyed the entire field.

Other Nursing Conferences

ANOTHER conference with the Nursing Field Supervisors took place on Thursday afternoon, January 13, when Miss Butler presided in the absence of Miss Noyes, due to her illness. The “Instructions to Nurses in Disaster Relief” were discussed in the light of experiences in Florida and

points in Red Cross nursing literature were also taken up. The session brought out many suggestions from the nursing field representatives which were noted for future discussion and possible adoption.

There followed immediately another conference over which Mrs. Isabelle W. Baker, Director of Home Hygiene and Care of the Sick Service, presided. Attention was called to the fact that National Headquarters kept a list of names of nurses well equipped for positions as full-time instructors, on which Chapters could draw through the nursing field representatives. As requests were coming in from Boards of Education and School Superintendents asking the number of schools in a specific state with Home Hygiene and Care of the Sick on the curriculum, what were the class periods and how much credit was given, such information was being compiled through answers to the questionnaire sent out. Where a Chapter carrying Home Hygiene and Care of the Sick and no other form of nursing lacked a Committee on Nursing Activities, a Home Hygiene Committee should be appointed on which there should be some educators as members.

Home Hygiene programs, it transpired, are growing, are better understood and better founded, and are on a firmer basis than a few years ago.

"Chapter Visiting"

OBJECTIVES and plan of a Chapter visit, points to be kept in mind in successful supervision or organization, matters to be reviewed and technical assistance that may be given are covered in an important outline on "Chapter Visiting" just issued, prepared by the Red Cross Public Health Nursing Service for the Nursing Field Supervisors. Its value is enhanced on the practical side by the fact that suggestions from the nursing field representatives themselves are embodied in it.

Inspiration lies in the first sentence:

Public health nursing under the Red Cross receives four important benefits: the stimulation and inspiration of belonging to a worldwide organization devoted to a lofty ideal, standards, personnel, and consultation service.

How to make Chapter visiting constructive rather than destructive or negative is the *motif* behind the text. Eighteen suggestions for firm foundation laying are made, covering the importance of active committees, clear understanding of respective responsibilities, regular and profitable committee meetings, budget, sound plans and program, vision of the future, definite policies in accord with national policies, relations with various authorities, careful technic, scrupulous observation of ethics, adequate equipment and publicity and good working and living conditions for the nurse.

To give the National or Branch Office "a true and adequate picture of the public health nursing situation and its bearing on the Chapter" is a main objective.

Points to be remembered in successful supervision are: That visits are made to help Chapter and nurse to *think their own way through* to a solution, not to check up and criticise; to let them do the talking, refraining from suggestion until a clear understanding of the situation has been obtained; to allow plans and policies to be the outcome of their own deliberate conviction and not hasty action from the stimulus of a nursing field representative's visit; to put nurse or committee on the defensive is to close their minds to suggestion; to discourage their taking themselves too seriously, remembering that difficulties and struggles are more or less universal and not insuperable; to be simple and definite and not take ready understanding for granted; not to leave nurse or committee in a state of discouragement—"Mistakes must be considered but they should not overshadow the good work";

to give the nurse the opportunity to take the lead; to give encouragement by crediting Chapter and nurse with their contribution to public health nursing.

The tenth point is so important that it merits a paragraph to itself. In a controversy it is wise—so the suggestion runs—to withhold judgment until both sides have been heard, to keep the discussion on the principle involved and not on personalities, to conciliate and not to fan the flame by taking sides, and to bring the contending groups together, after preparation of the way, so that all understand each other.

Lastly,—“Keep your own sense of humor.”

National Committee Meeting Postponed

THE Annual Meeting of the National Committee on Red Cross Nursing Service scheduled for the third

week in January, instead of December as is usual, has been postponed indefinitely owing to Miss Noyes' illness.

Enrollments Annulled

THE enrollment of the following American Red Cross nurses has been annulled but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled:

Mrs. Ben Atkinson (nee Belva J. Hudson), Mrs. Jean Huston Brinkerhoff, Mrs. Mary Helen Clark (nee Bohn), Mary Josephine Daley, Angela M. DeBroeck, Isabel Mitchell Dundas, Mrs. Frank Fuller (nee Alice Driscoll), Melissa Gilton, Mrs. Benjamin F. Hodges (nee Daisy Elizabeth Hilton), Mrs. J. P. Kelly (nee Rava Hughes), Vera Mandane McDowell, Lillian May McLean, Mrs. Florence Louise Powell (nee Hoes), Juanita Mae Woods.

The Nurses' House at Babylon

“THE GABLES” and The Cottage, which provided such delightful opportunities for groups of student nurses last summer, were closed for the winter, but the main House has been in constant use and is always seeking more guests. Since October there have been over one hundred guests entertained for a total of more than twelve hundred days.

The guests come from a wide territory—from New York City for the most part, but also from ten eastern states, and there have been a number who registered from foreign countries. They include nurses nearing the end of their service, and students who are not really nurses as yet. Some come for brief vacations, some for convalescence after illness, accident or bereavement.

On Christmas Day, dinner was served “family style,” all the guests being seated at one large table and the turkey brought to the table to be carved,—a homelike touch that was gratefully commented on by several guests who had lived for years in institutions.

The House offers many attractions in the winter months—comfortable furnishings, a large and varied library, the current magazines, music, and company or solitude, as one may choose. There are sunny porches, and the ten-acre grounds provide sufficient opportunity for constitutional, while the town of Babylon is within short walking distance.

The Red Cross and the A.I.C.P., New York City, are admitting offices for the House.



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WHEN ethyl chloride is required it is disappointing to open the box and find an empty tube, resulting from displacement of the rubber cap or slight pressure on

the spray lever. A narrow strip of adhesive plaster carried from neck of tube over cap and lever is a simple and effective method of preventing this loss and annoyance.

Student Nurses' Page



HOME OF THE FRAZIER

A Typhoid Case Study Summary

BY MAYSEL WAGNER

Vanderbilt University School of Nursing, Nashville, Tenn.

ANNIE Mae Frazier, a white female, age 28 years, was admitted to Vanderbilt University Hospital, September 8, 1926, with her mother, two brothers, and one sister. The provisional diagnosis on admission was typhoid fever in the five cases.

When these five members of a family of six became ill, a volunteer welfare league attempted to provide care for them. It was beyond their resources, so one Saturday afternoon a public contribution was held in the town square. Three hundred dollars were raised. A trained nurse was established in the home, but the difficulty in keeping a nurse was the first incentive to send the family to the hospital. They were not

coöperative; there were five patients to care for; and the working material was very inadequate.

It was during the sixth week of her illness that the patient was admitted. She was presumably suffering a relapse at this time. The patient was well nourished, weight before illness, 190 lbs. Her present weight was 170 lbs. She was of average mentality, having only a rudimentary education. She did not impress one as being indolent. Each year, Annie Mae and her sister raised a small crop of tobacco which contributed to their upkeep. It was obvious that none of the family conformed to any rigid rules of sanitation. The patient's hands and nails were neglected, hair

dirty and her mouth sore. This uncleanliness may be attributed to the poor means they had of washing. All the water had to be carried about sixty feet, from a spring, up an incline of 45 degrees. It had to be heated over the cooking stove. The baths were taken in a laundry tub and the face and hands cleansed in small tin basins.

The family lived in a crude frame house with two rooms and a small "lean-to" kitchen. The windows and doors were screened. In the kitchen there was a very small stove, a table and a crude container for the dishes. It was dark, having only one small window, and very low. The main part of the house was divided into two rooms by partitions. One room served as sleeping quarters for the male members of the family, the other was occupied by the women. There were two beds in the women's section. The mother occupied one, the patient and her sister the other. Two brothers slept in one bed and the third occupied a small cot. Their light was supplied by kerosene lamps. This section of the house was heated by an open grate in the women's room. Cooking and laundering, when the weather permitted, was done over a fireplace in the yard. The food eaten was substantial; there was not much variety, but an adequate amount of green vegetables during season. The patient would not take sweet milk, but she was fond of buttermilk and cornbread. A few feet below the house, and about 50 feet above the spring, was the open privy. At the foot of the hill was a small stream that served as a watering place for stock.

The family was more or less isolated, socially, their only neighbors being a family by the name of Beatty, about 100 yards away. This family lived slightly above and to the right of the Frazier family. The other neighbor

was Mr. Perry on whose place both families were tenants.

The history of the infection dates back nine months and four days, when a daughter of the Beatty family became ill with typhoid fever and died. The excreta were put in a hole, hot water thrown over, and covered with earth. This probably only served to aid incubation. The Fraziers used the same mode of disposal until their physician cautioned them to use lime.

Six weeks prior to the illness in the Frazier family, Mr. Perry became ill. The diagnosis was malaria and he was treated with quinine. He was sick six weeks and his recovery was slow. After a visit by some Vanderbilt Staff men, the general inclination was to believe that the illness was an atypical case of typhoid fever. Mr. Perry's source of water was a cistern, but he states that he drank out of the spring about two weeks prior to the time when he became sick which is obviously the incubation period of typhoid fever.

The spring water was very clear and cold. Microscopic examination showed an unusual number of bacteria to the cubic centimeter, *B. coli* predominating, which substantiated the belief that fecal matter had seeped into the spring.

At the onset of illness in the other members of the family, the youngest son, Charles, age 19, took typhoid vaccine. James, the oldest son, age 40, was inoculated in 1918 while in the army. He had a very slight attack.

Annie Mae's symptoms at the onset were backache, headache, nausea and vomiting, and elevation of temperature, no chills or diarrhea. There were no rose spots noticed. On admission the patient was in a stupor, unable to void, had a diffuse bronchitis and a perirectal abscess. The mouth was very sore and had been swabbed with mercurochrome.

The treatment and nursing care while

in the hospital was routine typhoid care, with individual adjustments, consisting of high caloric diet of 2,800 calories, S. S. enema q.d., special care of mouth, teeth and hands, and temperature sponge. Glucose 10 per cent was given rectally when the patient refused food by mouth. Surgical consultation was solicited regarding hemorrhage and drainage of one peri-rectal abscess and an abscess on the abdominal wall.

A resumé of the laboratory findings during the hospitalization period was as follows:

The patient's blood culture was positive for *B. typhosus*, three colonies to 5 cubic centimeters of blood. The first four Widal's were positive for *B. typhosus*, para A. and para B. The final Widal was negative for the three organisms. Kahn and Wassermann negative. Stools and vomitus negative for blood and bile. Catheterized urine positive for *B. coli communis*. Smear from abscess showed *B. coli* and *staphylococcus aureus*.

The patient was taken off isolation a week prior to her discharge on November 14, 1926. Laboratory findings proved her to be free from infection. Her recovery was slow and complicated by relapses.

The family was to be kept under observation of a local physician. They have received instruction from the hospital staff in the hygienic management of their home. The home has been fumigated and freshly painted throughout the interior. A cistern is about completed. A vault has been made for the privy. Bed linen and clothing were sent to the laundry.

Annie Mae was preceded home by her mother, brother and sister. One brother still remains in the hospital receiving skin grafts over a great sacral ulcer said to have been due



OPEN PRIVY AT THE FRAZIER HOME

to the poor mattress used on his bed at home.

An item of economic interest was the time lost by the entire family from their illness. The total number of days lost was 365, or one year.

Another interesting feature was that none of the five patients presented a typical typhoid picture. There was no history of rose spots nor was the temperature curve characteristic of typhoid.



Students at a Convention

(Abridged from an account by Bulah Davis)

DURING the New York State convention a luncheon for student nurses was held. More than eighty were present and as the roll was called, each group rose. The subject presented, Self-Government, was led by Miss Wilbur of Binghamton and Dean Fitch of the Woman's College, Cornell University. On the second day of the convention, an informal meeting of students was held at which Joanna Auchincloss told of Student Government as applied in her own school, the Presbyterian, New York. The organization of the students into a group, the election of officers who, with representatives from each class, meet with the Director of the School of Nursing in a council, was explained, and the scope and working of the honor system.

The meeting was then thrown open for informal discussion. Students whose schools had achieved Student Government spoke of their experiences, and those who were still working toward it told of their efforts and the obstacles in the way of accomplishment.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

Should a Nurse Have a College Education?

I would say, "Yes." The more highly educated woman often has a better understanding of the pupil nurse and a broader mind. She makes an ideal administrator because she can manage the student nurses with greater ease. I have seen college graduates as floor supervisors and those without even high school education. A supervisor of the latter type is apt to complain about petty things and make the student nurses who work for her miserable. She reports her pupils to the superintendent of nurses for trivial matters that she, herself, should have been able to correct. Thus, she often kills ambition or discourages the students. But how many of us can afford a college education? Not many, I venture to say, for it costs money and time. Still, if we are going to make ourselves more useful to our profession, we must improve our minds,—nourish them by reading good books, just as we nourish our bodies.

I have heard nurses say, "I am an R.N. now; I don't have to study." They put their books away and never look at them again. Our anatomy tells us that our brains grow to a certain age and then diminish in size. If this be true, the best thing we can do, when we stop being students, is to lie down and die. What about college professors and other men of powerful minds? Have their minds stopped growing? No! It is because they study and read as they go through life. We shall never know everything about nursing. Science is progressing rapidly and we must keep up with it if we want to render better service to humanity.

Michigan

M. C. J.

A Warning

MANY nurses, graduate and otherwise, flock to western North Carolina, from north, south, east and west, with the erroneous impression, that the whole mountain section is more or less, a health resort. In the first place, nurses can be fined or imprisoned, who practise as graduates without a state license. All sanitariums employ house nurses, and only in extreme cases are specials employed, also the general hospitals prefer their own graduates. Many of our local nurses during the

past year have not made a living wage, and it is a most unusual thing when there are no nurses on call. We have a number of semi-invalid nurses here, and some are having a hard time financially.

North Carolina

Dean.

Wanted—a Copy of the I.C.N.

I AM eager to procure the January, 1926, I.C.N. and I am willing to pay fifty cents for it, or more, if necessary. Please notify the American Journal of Nursing, as I am changing my address.

New York

J. G.

Journals Wanted and on Hand

The Boston Nurses' Club has for sale or exchange: 1902, July; 1903, June; 1908, January through November; 1909, February, June, July, August; 1914, January, March, May, September; also numbers from 1916-1923.

The club needs the following copies: Vol. X, all but the last three copies; Vol. XI, March and April; Vol. XII, March.

Journals Wanted

The Philadelphia General Hospital, Philadelphia, needs the following copies: 1900, all; 1901, first five months; 1902, January, May, October-December; 1903, January, August-December; 1904, first seven months; 1907, June, July; 1918, May, December. (Send to Stella Goostray, Educational Director.)

Journals on Hand

Mabel L. Leicht, Southold, N. Y., will send for the postage: 1909, December; 1910, February, March, October, December; 1911, March and December; 1913, April; 1914, August-December; 1915, January-March, May, July, August, November; and some from 1916.

F. E. Hart, 108 S. Conception St., Mobile, Ala., has the following which she will sell for 25 cents each: May, 1913-April, 1914, also copies from 1918 through 1921.

Matie Thompson, 323 Moore Building, St. Paul, Minn., will sell for 25 cents each, Journals from the years 1914, 1915, 1920, 1921, 1923.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem II

AT a certain summer resort, a man who was bathing was brought ashore in an unconscious condition, by life guards, after being in the water fifteen minutes. A physician was summoned who immediately pronounced the man dead. An immense crowd gathered, immediately after the man was brought ashore, and when a Red Cross nurse finally managed to get near enough to see what was going on, she saw the man lying on his back on the sand with one person bathing his face in cold water and another standing at his head, lifting his hands above his head, then placing them at his side. So far as could be learned there was no intelligent effort to revive the man by modern artificial respiration.

"In view of the fact that a physician had been consulted and that he pronounced the man dead without effort to revive him, what should have been a nurse's duty in that case?"

Who were involved?

The man, brought ashore in an unconscious condition, after being in the water 15 minutes.

Life guards, who brought the man ashore and who are trained, first and foremost, to give first-aid assistance at such times.

The physician, who made but a superficial examination, made no effort at resuscitation, and who pronounced the man dead.

The crowd, among whom were at least two friendly persons and a Red Cross nurse.

In the emergency, with life guards and a physician, it would look as if everything had been done for the welfare of the patient. They lost a splendid opportunity of showing belief in their own lifework by failing to carry out, to the limit, their special knowledge.

Questions.

Was the man unconscious for fifteen minutes or just in the water for that time? The length of time he was helpless, makes a difference in the possibly favorable reaction time.

What is the psychology of a crowd in such an instance as this?

How does it react toward the Life Guards and the physician?

Does every student and graduate nurse

know proper resuscitation methods and know them so well that they are automatic rather than recalled with effort, at the time of need?

Should schools of nursing place more emphasis on teaching first aid, response to fire drills, etc.?

In this instance, "What should have been the nurses' duty?"

A nurses' first reaction would be to step in and see what assistance she could give; her second reaction, that it was not ethical for her to do so, inasmuch as the physician had given his decision and had asked for no assistance.

Here was a definite call of need on the part of one human to other humans. Should the nurse measure herself by the yardstick of others, or by the yardstick of her knowledge, ability, and her sense of right and wrong?

The balance of opinions:

The nurse could have approached this problem tactfully, not in the role of a Red Cross nurse or as a professional person, but merely as an individual who had personal knowledge of the technic which was necessary in this vital matter.

The difficulty of doing this after the man had been pronounced dead by a physician would have been somewhat less, in this case, because the man's friends were making efforts to revive him.

The nurse could have encouraged their inefficient efforts and as soon as possible have introduced correct methods.

Watch the understanding physician, the life guards and the Girl and Boy Scouts, under such circumstances and feel your pride advance with their determination *not to give up*, until the case is clearly against them.



EVERY man takes care that his neighbor shall not cheat him. But a day comes when he begins to care that he does not cheat his neighbor; then all goes well. He has changed his market cart into a chariot of the sun.

RALPH WALDO EMERSON.

Questions

The editors welcome questions and will endeavor to secure authoritative answers for them.

9. Please give some suggestive literature and menus for a diabetic diet.

Answer.—All diabetic diets should be calculated to meet the tolerance of the patient; i.e., the physician first determines, by blood and urine analysis, the amount of sugar in the blood and urine; then the physician should give the nurse the food prescription he desires filled. This prescription would show the amount of protein, carbohydrate, and fat to be included in the daily menus. The nurse could then calculate the diet by the use of a Food Value Sheet such as the one gotten

out by Roese and Weeks, showing the size of portions in 100 grams of food. In this connection one might with interest reread "Calculating a Diabetic Diet" in the March, 1926, *Journal*, in which food prescription blanks and calculated diets are illustrated.

10. Can you refer us to any text or other help that will be useful in teaching student nurses to print?

Answer.—The little book, "Manuscript Writing," by Marjorie Wise would undoubtedly prove helpful to any school of nursing.



Questions and Answers on Smallpox and Vaccination

What is the best vaccination dressing?

None at all. The ideal to be sought is to keep the site cool and dry, so as to promote rapid formation of a firm crust and to avoid maceration and rupture of the vesicle. Heavy or tight clothing, perspiration and even repeated washing with alcohol interfere with rapid desiccation. If necessary to prevent soiling of clothing, a fold of sterile gauze may be attached to the garment, not to the skin. Occasionally a severe take may require a few days of antiseptic dressings; primary vaccinations should be inspected about the fourteenth day to insure that desiccation is proceeding properly. There is no objection to a light sterile dressing for the first few days after vaccination, provided the arm is under constant competent surgical attention and maceration is prevented, but such provision is seldom assured.

Are there any objections to vaccination on the leg?

Yes. Leg vaccinations are exposed to more moisture, and to more contamination from street dust, than vaccinations at the region of the deltoid insertion. On account of blood stasis, primary leg vaccinations in adults are often accompanied by a purplish discoloration, and result in a large, slowly healing ulceration; usually cause temporary disability. Vaccination on the arm, when performed by the multiple-pressure method, causes no disfigurement; the resulting vaccination scar is definite and typically pitted for inspection

purposes, but hardly noticeable otherwise except as a "sanitary dimple."

How often should one be vaccinated against smallpox?

Ordinarily once in every 5 to 10 years, so that a maximum protection is maintained without the inconvenience at any time of a reaction more severe than the immunity reaction. Vaccination of infants is attended with less general reaction and fewer complications than vaccination of older children, so that vaccination is advisable as soon after birth as practicable, preferably before teething.

Is vaccination alone a sufficient weapon for fighting smallpox?

No. Prompt recognition and rigid isolation of the cases, as well as the tracing out of "contacts" should also be carried out to stop the spread unless the outbreak is very mild and in thinly settled regions. Cases, and even fatalities, occur in every severe epidemic among persons who were vaccinated in good time but with vaccine found, too late, to be of insufficient potency; such cases and fatalities also occur among persons thought to be protected by successful vaccination performed years previously. This presumption of protection, upon reconsideration apart from the fact that smallpox was contracted, is found to be based upon mistaken or ill-considered evidence.

—By J. P. Leake, Surgeon, United States Public Health Service, in *Public Health Reports*, January 28, 1927.

NEWS

[Note.—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

National League of Nursing Education—1927 Convention

San Francisco, California, from June 6 to June 10 inclusive, will be the place and date of the 1927 Convention of the National League of Nursing Education (not Oakland, as announced in the December *Journal*).

San Francisco, the "hospitable city," is considered among the most popular convention cities. The largest conventions of political, social, and educational groups gather in San Francisco, and during the summer months and often in winter there is scarcely a week when a convention is not being held.

The Clift Hotel has been selected for Convention headquarters. The Clift is a favorite headquarters and is particularly well adapted to a gathering of the character of the National League of Nursing Education. It possesses an atmosphere distinctly suggestive of western hospitality and refined restfulness. All of the meetings with the exception of the large evening meetings may be held in the Clift. The advantage of holding sessions, round tables, committee meetings, dinners, lunches, and teas under one roof has always been appreciated by nurses attending conventions. The rates (European plan) have been adjusted on a most reasonable basis for League members: room for one person, \$3.50, \$4, \$5; room occupied by two persons, \$6, \$7, \$8. Every room has a private bath and there is no additional charge for twin beds. Address requests for reservations directly to the hotel manager.

San Francisco may be reached by land in several ways, and also by sea: by the luxurious transcontinental trains over the Southern Pacific, covering the great Salt Lake through the American River Canyon of the High Sierras and New Orleans over the southern desert; the Western Pacific through the Feather River Canyon; the Canadian Pacific for those who love mountain grandeur through the great Northwest, the Northern Pacific through the Pacific Northwest and Yellowstone National Park, crossing seventeen mountain ranges en route; the Santa Fe which gives opportunity to see the Grand Canyon. Not the least interesting and restful route is through the Panama Canal. Many may want to motor over the various highways leading into California.

The far West is a marvellous vacation country. The summer rates permit of going one way and returning another, and taking in many beautiful spots where one would like to linger. The summer excursion rates will presumably be the same as in effect in 1926; that is, \$142.62 for round trip ticket between New York City and San Francisco, going and returning by direct route; one way by Portland or North Pacific coast, eighteen dollars more. No arrangement will be made this year for tickets on the certificate plan. To obtain the benefit of this plan, two hundred and fifty individuals must present a certificate, whereas the summer rates may be secured irrespective of numbers attending and cost less than the certificate plan.

The Program Committee is busily engaged in completing the program and will be ready with an announcement in the April *Journal*.



CLIFT HOTEL

Ticket of Nominations for 1927, National League of Nursing Education

For President, Carrie M. Hall, Boston, Massachusetts.

For First Vice President, Mary M. Pickering, San Francisco, California, and Elizabeth C. Burgess, New York, N. Y.

For Second Vice President, Marion L. Vannier, Minneapolis, Minn., and M. Helena McMillan, Chicago, Ill.

For Secretary, Ada Belle McCleery, Evanston, Ill., and Evelyn Wood, Chicago, Ill.

For Treasurer, Marian Rottman, New York, N. Y., and May Kennedy, Chicago, Ill.

Directors (four to be elected): Isabel M. Stewart, New York, N. Y.; Laura R. Logan,

Chicago, Ill.; Julia C. Stimson, Washington, D. C.; Helen Wood, Rochester, N. Y.; Louise M. Powell, Cleveland, Ohio; Daisy Dean Urch, Los Angeles, Cal.; Effie J. Taylor, New Haven, Conn.; Jessie Murdoch, Jersey City, N. J.

Minnie H. Jordan,
Jessie E. Catton,
June Ramsey,
Dora C. Saunby,
KATHERINE G. KIMMICK, *Chairman*.
Committee on Nominations.



Joint Board Decisions

Definite plans to build up financial support for the nation-wide program of studying and grading nursing schools, now under way, were made by the boards of directors of the three national nursing organizations in January when the members voted to appoint a joint committee of nine members, three from each organization, to formulate a fund program.

The move was made after the three boards had emphasized the great value to nursing of the study being carried on by the Committee on Grading of Nursing Schools and of the benefits already derived from the information secured by the committee. The committee to build funds will consist of three members from the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing, respectively. The chairman, secretary and treasurer will be chosen by the committee members.

1928 Biennial Plans Start

Outlines of the 1928 Biennial Convention in Louisville, Ky., leaped into view when the three boards voted to make the executives of the three national nursing organizations a general committee in charge of convention arrangements under the direction of the Common Activities Committee. A commercial exhibit in connection with the convention was decided upon, and suggestions were made for limiting evening meetings to one, and for a reception to allow the members of the nursing organizations to meet the officers.

An interesting fact brought out in the reports submitted by the Committee on the past biennial meeting was, that of the 6,418 people registered at the National Health Congress, in May, 1926, 4,831 or approximately 75 per cent were nurses. This shows the importance of nurses in any health program.

Nurses in China Build

News of the activities of nurses in China was brought by Cora E. Simpson who told of the headquarters now being built by nurses of China at Hankow. Funds for the building site have already been raised. A sum amounting to \$25,000 is needed in addition.

States to Study Ethics

Extension of the work of the Committee on Ethical Standards was inaugurated in the recommendation made by the board of directors of the American Nurses' Association that a committee be appointed in each state to consider the proposed code of ethics and to study general questions arising on ethics. It was recommended that these state committees serve as fact-finding groups and in an advisory capacity to the national committee.

Nurses Get Scholarships

Contributions to the Isabel Hampton Robb Memorial Fund during the past year amounted to \$799.13, it was reported, bringing the total contribution to the fund to \$30,993.07. Five scholarships of \$250 each were awarded last May, while seven others are available this year.

Reports on the McIsaac Fund showed \$592.12 contributed during the past year. Six loans of \$200 each and one of \$100 have been made.



The American Nurses' Association

Nurses of Chicago last month saw the future of nursing through the eyes of Janet M. Geister, director of the American Nurses' Association at Headquarters when she delivered an address on "The Nurse and the Changing Order" before about five hundred members of the profession at the annual meeting of the First District of Illinois. She was also the speaker at a luncheon meeting at the Chicago Nurses' Club where she described some of the current aspects and future possibilities of group nursing.



Articles of Incorporation and By-laws

One thousand copies of the Articles of Incorporation of the American Nurses' Association are now on sale at Headquarters at 10 cents per single copy or at 8 cents per copy

for lots of 100 or more. Copies have already been sent to the presidents, secretaries and treasurers of the state associations, to the presidents and secretaries of the district associations, and will be sent upon request to the presidents of alumnae associations. The new amendments are included in this edition.



Order Relief Fund History Reprints Now

Fifteen thousand reprints of "One Hundred Thousand and up," the brief history of the Nurses' Relief Fund, which appeared in the *American Journal of Nursing*, December, 1926, are also ready for distribution at Headquarters at half a cent per copy, exactly the cost price. From the orders which have come in, in advance, it is expected that this supply will be soon exhausted.



Nurses' Relief Fund

REPORT FOR JANUARY, 1927

Balance on hand, Dec. 31, 1927---	\$ 25,443.65
Interest on bank balances-----	15.42
Interest and dividends on investments -----	50.00
	<hr/>
	\$ 25,509.07

Contributions

Arkansas: State Nurses' Assn., \$75; Dist. 6A, \$20; Dist. 7, \$25-----	120.00
California: Dist. 1, \$3; Dist. 3, \$28; Dist. 9, \$150; Dist. 16, \$16; Dist. 22, \$16-----	213.00
Colorado: 13 individual members-----	16.50
Connecticut: Connecticut Training School for Nurses Alum., New Haven, \$16; St. Joseph's Hosp. Alum. Assn., Willimantic, \$10.50-----	26.50
Georgia: State Assn. of Graduate Nurses, \$50; Second District, Augusta, \$64-----	114.00
Illinois: Alum. Assn., Illinois Training School for Nurses, Chicago-----	25.00
Iowa: State Assn. of Registered Nurses-----	89.00
Kansas: Kansas City General Hosp. Alum.-----	119.00
Maine: Eastern District, \$7; Central District, Bath Hosp. Alum., \$5; Bath Hosp. Student Nurses, \$5-----	17.00

MARCH, 1927

Maryland: Union Memorial Hosp. Training School Alum., Baltimore-----	197.00
Massachusetts: Massachusetts General Hosp. Alum. Assn., \$50; Worcester City Hosp. Alum. Assn., \$25; McLean Hosp. Alum. Assn., Waverly, \$5-----	80.00
Michigan: Saginaw Dist., \$35.50; Bay City Dist., \$30.50; Port Huron Dist., \$71; Port Huron Alum. Assn., \$6; Jackson Dist., \$9; Battle Creek Dist., Nichols Hosp. Alum., \$4; individual members, \$4-----	160.00
Minnesota: Dist. 2, St. Luke's Alum. Assn., \$3; individual members, \$1; Dist. 3, Northeastern Hosp. Alum. Assn., \$3; Minneapolis General Hosp. Alum. Assn., \$1; St. Barnabas Hosp. Alum. Assn., \$5; individual members, \$37; Dist. 4, St. Paul's Hosp. Alum. Assn., \$2-----	52.00
Mississippi: State Assn. of Graduate Nurses-----	205.00
Missouri: Dist. 3, Kansas City-----	5.00
Nebraska: Dist. 2, University of Nebraska Training School for Nurses Alum., \$10; Lutheran Hosp. Alum., Norfolk, \$8; individual members, \$3; Dist. 3, Lincoln, \$229-----	250.00
New Jersey: Individual member, Montclair, \$1; Dist. 1, Muhlenberg Hosp., \$100; Orange Memorial Hosp., \$23; St. Barnabas Hosp., \$10; Elizabeth General Hosp., \$8; Mountinside Hosp., \$1; Newark Memorial Hosp., \$1; individual members, \$12; Dist. 2, members at meeting, \$50; Barnet Hosp., \$15.50; Dist. 3, individual member, \$1; Dist. 5, Cooper Hosp., \$40.50; West Jersey Homeopathic Hosp., \$27-----	290.00
New York: Dist. 2 (Rochester), Park Ave. Clinical Hosp. Nurses' Alum., \$10; Dist. 3, Arnot Ogden Memorial Hosp. Nurses' Alum., \$25; Dist. 4 (Syracuse), St. Joseph's Hosp. Nurses' Alum., \$25; Dist. 7, The Faxon Hosp. Nurses' Alum., \$25; Broad St. Hosp. Nurses' Alum., Oneida, \$25; Dist. 8, Saranac Lake, \$35; Dist. 10, Amsterdam City Hosp. Nurses' Alum., \$20; Dist. 13, Manhattan State Hosp. Nurses' Alum., \$25;	

2 individuals, \$6; Commission on <i>Journal</i> sales, \$5.25; Dist. 14, Norwegian Lutheran Deaconess Home & Hosp. Nurses' Alum., \$50	251.25
Ohio: St. John's Hosp. Alum. Assn., Cleveland	25.00
Oklahoma: Dist. 1, \$39; Dist. 2, \$33; Dist. 4, \$19; Dist. 5, \$9	100.00
Texas, Dist. 12, \$5; Dist. 13, \$54	59.00
Washington: Dist. 3	43.75
West Virginia: State Nurses' Assn.	100.00
Benefit checks returned by beneficiary whose health has been restored	30.00
Total receipts	\$ 28,097.07

Disbursements

Collection charges on foreign checks	\$.60
Paid to 141 applicants	2,075.00
Salary	111.10
Expenses of chairman (postage, etc.)	6.96
Balance paid on bonds purchased in December	25.00
Accrued interest on bonds purchased in December	20.83
Contribution sent in error refunded to sender	50.00
Total disbursements	2,289.49
Balance on hand, Jan. 31, 1927	\$ 25,807.58
Farmers' Loan and Trust Co.	\$ 8,930.58
National City Bank	15,863.64
Bowery Savings Bank	1,013.36
	\$25,807.58
Invested funds	\$106,579.64
	\$132,387.22



The Isabel Hampton Robb Memorial Fund

REPORT TO FEBRUARY 7, 1927

Previously acknowledged \$31,085.57

Contributions

Alabama: State Nurses' Assn.	25.00
Colorado: State Nurses' Assn.	10.00
Connecticut: Hartford Hosp. Alum., \$10.75; St. Joseph's Alum., Willimantic, \$5.25	16.00

Maryland: State Nurses' Assn., \$25; and special gift in honor of Miss Lawler's services as President, \$150	175.00
Rhode Island: Rhode Island Hosp. Alum., Providence, \$10; one individual, \$2	12.00
Utah: State Nurses' Assn., \$10; Thomas D. Dee Hosp. Alum., Ogden, \$2.50	12.50
Washington: State Nurses' Assn.	25.00
Scholarship returned, with interest	260.00
Total	\$31,621.07

MARY M. RIDDLE, *Treasurer.*

The McIsaac Loan Fund

REPORT TO FEBRUARY 7, 1927

Balance, January 7, 1927 \$183.92

Contributions

Alabama: State Nurses' Assn.	25.00
Colorado: State Nurses' Assn.	10.00
Connecticut: Hartford Hosp. Alum., \$10.75; St. Joseph's Alum., Willimantic, \$5.25	16.00
Maryland: State Nurses' Assn., \$25; special gift, \$150	175.00
Rhode Island: Rhode Island Hosp. Alum., Providence, \$10	10.00
Utah: State Nurses' Assn., \$10; Thomas D. Dee Hosp. Alum., Ogden, \$2.50	12.50
Washington: State Nurses' Assn.	25.00
	\$457.42

Disbursements

None	
Balance, February 7, 1927	\$457.42

MARY M. RIDDLE, *Treasurer.*

Annual contributions to both funds are desired from state, district and alumnae associations. Checks should be made out *separately* (as the funds are kept in different banks) and sent to the treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

Seven scholarships of \$250 each are offered for the coming scholastic year. The lists close May 1st. For information and blanks, write the Secretary, Katharine DeWitt, 19 West Main Street, Rochester, N. Y.

Report of the Delano Memorial Committee

The status of the Delano Memorial at the present time is as follows:

The amount of the fund for the Memorial is \$40,000, invested in securities permitted to trust companies. The balance in the bank for running expenses is \$156.72. The fund is invested at five per cent interest, which brings in \$2,000 a year.

The design submitted for the Memorial, with which you are all familiar, has been disapproved by the Fine Arts Commission. The site desired, opposite the Red Cross building in Washington, has also been disapproved.

We are, therefore, confronted with:

1. Securing another design.
2. Securing another site on Government property.
3. Changing the character of the Memorial.

LUCY MINNIGERODE, *Chairman.*



New England Division

The New England Division of the American Nurses' Association will hold its biennial meeting in the Providence-Biltmore Hotel, Providence, R. I., April 27-29.



Middle Atlantic Division

The Middle Atlantic Division of the American Nurses' Association will hold its biennial meeting at the Hotel Pennsylvania in New York City, April 28 and 29. The program is to include many round tables of interest and instruction. Members are urged to attend the meeting and asked to look for the complete program which will be printed in the April issue of the *Journal*.



Army Nurse Corps

During the month of January, 1927, the following named members of the Army Nurse Corps were transferred to the stations indicated. To Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieuts. Marie L. Pace, Myrtle L. Rains, Lewis Ellis; to the station hospital, Fort Bragg, N. C., 2nd Lieut. Agnes I. Skerry; to Fitzsimons General Hospital, Denver, Col., 2nd Lieut. Martha Nowin-

MARCH, 1927

ski; to the station hospital, Jefferson Barracks, Mo., 2nd Lieuts. Clara G. Spears, Mary T. Manzer; to the station hospital, Fort Leavenworth, Kansas, 2nd Lieut. Catherine A. Murphy; to Letterman General Hospital, San Francisco, Cal., 1st Lieut. Nellie E. Davis, 2nd Lieut. Mabel E. Mariette; to the station hospital, Fort Riley, Kansas, 1st Lieut. Elida Raffensperger; to the Philippine Department, 2nd Lieuts. Elsie M. Smith, Edith G. Baldwin, Florence G. Flynn, Katherine V. Young, Abigail B. Graves, Elizabeth A. Hagerty; to the Hawaiian Department, 2nd Lieuts. Elizabeth Devenney, Catherine I. Duffey, Edith H. Fahlman, Sara A. McLoughlin, Eleanor Conney, Mary S. Emery.

Twelve have been admitted to the corps as 2nd Lieuts.

The following named members of the corps are under orders for separation from the service: Elizabeth Melby, Lois Hughes, Rose M. Campbell, Esther A. Stephens, Edna Mae Dick, Dorothy M. Frost, Lillian Munn, Mary Hein, Blanche M. Watts, LeVaun M. Strait.



Army School of Nursing

On January 15, Miss Melby's resignation from the Army Nurse Corps was accepted. She has left the Army to accept the position as Assistant to Miss Goodrich in the Yale School of Nursing. Mary W. Tobin, 1st Lieut., Army Nurse Corps and graduate of the 1921 Class of the Army School, will be Principal Instructor in Miss Melby's stead.

A class of 47 has just completed the preliminary period and been accepted as a regular part of the Army School.

JULIA C. STIMSON,

*Major, Supt., Army Nurse Corps.
Dean, Army School of Nursing.*



Navy Nurse Corps

During the month of January, nineteen (19) nurses were appointed and assigned to duty.

The following transfers were made: To Chelsea, Mass., Mary A. Kief; to Great Lakes, Ill., Belle Soltz; to League Island, Pa., Anna E. Mears; to Mare Island, Cal., Margaret B. Brewer; to Mare Island, Cal., Hospital Corps Training School, Elizabeth A. Westmacott, Chief Nurse; to Newport, R. I., Elizabeth D. Bushong, Helen C. McLeish; to New York, N. Y., Rose M. Culbertson, Marietta Riney; to Norfolk, Va., Minnie W. Stauder, Elsie A.

Kempf, Helen A. McGrath, Helen V. Duerr; to Parris Island, S. C., Sarah Nicolson, Allene M. Templeton, Leobelle S. Wilfert; to Puget Sound, Wash., Nellie M. Skinner; to Pearl Harbor, T. H., Ruby L. Baldwin; to San Diego, Cal., Ruth B. Mentzer.

The death of Elizabeth Hoag, Chief Nurse, occurred at the Naval Hospital, Washington, D. C., on January 2, after a brief illness. Miss Hoag had been a member of the Navy Nurse Corps for nearly ten years and her death is a distinct loss to the Service as well as to the nursing profession. Burial was at Arlington National Cemetery.

Honorable Discharge: Julia Higbie, Mary A. Murphy, Gladys I. Johnson, Lillian Le-Sieur.

Resignation: Mary Keirns.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.



U. S. Public Health Service

REPORT FOR JANUARY, 1927

Transfers: To Baltimore, Md., Abbie Riggan; to Portland, Maine, Isla Bragg; to Detroit, Mich., Margaret Davis, Maggie Cooper, Lela Williamson; to Ellis Island, N. Y., Pearl Dyson, Ruth Kilgore; to Fort Stanton, N. M., Lucile Watkins; to Memphis, Tenn., Mary Palmer; to Key West, Fla., Winifred Warren, Acting Chief Nurse.

Reinstatements: Ethel Samuelson, Ersula B. Emery, Grace DeM. Murray.

New Assignments: Seventeen.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.



United States Veterans' Bureau

REPORT FOR JANUARY, 1927

New Assignments: Fifty-two.

Reinstatement: Lizzie Grant, Chief Nurse.

Transfers: To Pittsburgh, Pa., Lois Trbert; to Helena, Mont., Rose McClain; to Buffalo, N. Y., Mary Woodward; to Washington, D. C., Margaret Maher; to Atlanta, Ga., Rose Tinker; to Sunmount, N. Y., Helena Hughes, Helen Waldron; to San Fernando, Cal., Sarah E. Jamison; to Fort Bayard, N. M., Letha Smith, Anna Graham; to West Haven, Conn., Rosamund Runck, Alice German; to Muskogee, Okla., Eleanor Fengler.

MARY A. HICKEY,
Superintendent of Nurses.

Teachers College Alumni Reunion

One of the striking features of this year's reunion was the report of the growth of the Department of Nursing. The total registration of full time students for the year is 177, while 401 are enrolled for part-time work. The part-time enrollment is striking evidence of the hunger of the nurse who is employed, for a richer background. Of the matriculated students, 302 are working for the B.S. and 44 for the M.A. A large number are also taking extra-mural courses in public health nursing.

The lecture given on February 11, on the Annie W. Goodrich Lecture Foundation, by Dr. Esther L. Richards was on Mental Hygiene and the Student Nurse. Out of long experience Dr. Richards discussed the problem from the standpoint of the student's need for a knowledge of mental hygiene in order to deal wisely with all patients and also on the student's personal need of mental health. The paper was forcefully and sometimes humorously illumined by descriptions from actual experience. Miss Goodrich was unable to attend. Effie J. Taylor, long a co-worker with Dr. Richards at the Phipps Clinic, presided in charming fashion.

The topic of the afternoon conference, which was largely attended, was The Place of Experimentation and Research in Nursing. Mabelle Welsh, of the East Harlem Nursing and Health Demonstration, again sounding the slogan—Every Public Health Nurse a Teacher—brought out the point that in our absorption in content or subject matter we have not sufficiently studied the methods by which this knowledge is transferred to the home where it is to function. In other words, Miss Welsh believes that the principles of public health nursing have not always grown out of actual practice and that no principle is valid which is not based on such practice.

Mary Marvin stirred the imagination of the audience by citing instance after instance in which practical nursing procedure might profitably be studied with a view to securing simplification or greater efficiency. Miss Nutting pointed out, in discussion, that technics established in the very early years of nursing are still adhered to in many schools for no scientific reason, but simply because "it has always been done that way." Every technic should be evaluated from the standpoint, not only of the result to be obtained but also from that of economy of effort and of materials. Dr. Lynde indicated some of the methods of testing household equipment which

are being worked out in courses in household engineering, such as methods of testing the tensile strength of fabrics and of testing the efficiency of electrical equipment.

The dinner was attended by more than 100 alumnae and was presided over, with her old-time verve, by Miss Nutting. The speakers represented all the branches of nursing. Among them were Bertha Hall of the Victorian Order of Nurses (Canada) who briefly sketched some of the interesting activities of that far-flung organization and Helen Bond, who described public health nursing in West Virginia, a state which is becoming known for its good work.

The graph showing the growing enrollment at the College brought out much enthusiastic comment.



Meetings of Interest to Nurses

THE AMERICAN HOSPITAL ASSOCIATION will hold its fall convention in Minneapolis, Minn., October 10-14.

THE PROTESTANT HOSPITAL ASSOCIATION will hold its convention, October 8-10, Minneapolis, Minn.

The fifty-fourth annual meeting of the NATIONAL CONFERENCE OF SOCIAL WORK will be held at Des Moines, Iowa, May 11-18. Organized in twelve divisions, the program will cover a wide range of subjects in the promotion of human welfare. In addition, nearly thirty kindred groups will hold their annual meetings or conferences with programs offering discussions of particular interest and technic in social work. Full information may be had from the General Secretary, National Conference of Social Work, 277 East Long Street, Columbus, Ohio.

THE AMERICAN HOME ECONOMICS ASSOCIATION will hold its twentieth annual meeting at Asheville, North Carolina, June 21-24, with the Battery Park Hotel as headquarters. An unusual feature of the program will be the opening "annual progress meeting" at which representatives of the various sections of the Association (such as institution economics, food and nutrition, and homemaking) will give brief, vivid summaries of the year's scientific progress in their respective subjects.



Institutes and Special Courses

Illinois: Chicago.—THE UNIVERSITY OF CHICAGO will offer four courses in Nursing during the summer quarter of 1927.

First Term—June 18 to July 27. Fields of Public Health Nursing, Harriet Frost, Supervisor of the Department of Public Health Nursing of the Pennsylvania School of Social and Health Work; Supervision in Public Health Nursing, Harriet Frost.

Second Term—July 28 to September 2. The Teaching of the Principles and Practice of Nursing, Associate Professor, Nellie X. Hawkinson; Supervision in Schools of Nursing, Associate Professor, Anna D. Wolf.

The University offers many courses in other departments from which electives may be chosen. Opportunities for field observation are made possible through the generous coöperation of various health agencies and organizations, hospitals and schools of nursing in the City of Chicago and its environs.

For further information, correspondence with the University should be addressed as follows: 1. Concerning admission, to the University Examiner; 2. Concerning rooms and housing accommodations, to the University Cashier; 3. For further information, to the General Correspondence Bureau, The University of Chicago.

New Jersey: THE NEW JERSEY LEAGUE OF NURSING EDUCATION held an Institute at the Newark City Hospital, Newark, January 27 and 28.

The institute was opened on the 27th with an address of welcome by the President, Jessie M. Murdoch, followed by the opening address by Blanche Pfefferkorn; The Value of the "New Type" Examination Questions, Elizabeth Higbid; exhibit of illustrative material. 2 p. m., Applying Personality and Good Form to the Professional and Social Life of the Nurse, Wanda M. Caswell; Principles and Practice of Nursing, Mary M. Peterson.

January 28, 10 a. m., The Practical Use and Creative Value of Standard Trays, Florence Dakin; The Place of the Case Study and the Case Record, Helen Oehlschlager; Introducing the Nurse to the Public Health Field, Bertha C. Beers, including Bag Demonstration, Ruby Wheeler; Staff Education of the Public Health Nurse, Hettie W. Seifert; Work of the Prenatal Welfare Center of Newark, Mrs. Margaret P. Malhoit. 2 p. m., Teaching the Nervous System to Students in Nursing Schools, Russel Burton-Opitz, M.D.; Presentation of the Pathology of the Heart, A. V. St. George, M.D. The Institute was well attended and the discussions which followed the

papers brought out many interesting points, as did also the discussion following the practical demonstrations of bed-making, catheterization, bladder irrigation, colon irrigation, etc.

New York: THE NEW YORK LEAGUE OF NURSING EDUCATION, SECTION 1, held an Institute, January 10 and 11, under the direction of Elsa Schmidt, under the general subject, Better Methods of Clinical Teaching. The program of the first day was given at Mt. Sinai Hospital, with an address of welcome by Elizabeth Greener. The speakers were Dr. Robert B. Raup, Assistant Professor, Department of Philosophy, Teachers College, on Changing Conceptions of the Education of the Nurse; Isabel M. Stewart, on The Case Study as an Educational Method; and Carol Martin on More Effective Ward Teaching.

The second day was spent at Bellevue Hospital, beginning with a morning report of the night nurse to the head nurse and the day nurses, and the assignments of the day by the head nurse. This was followed by a head nurses' conference, conducted by Mary Marvin and eleven head nurses. Colored graphs representing a student's experience for the past two weeks were discussed. The Value of Clinical Teaching was demonstrated by three different types of clinics. The first one, a pediatric case with eczema, was conducted by Dr. R. C. McCartney, who explained the nature of the disease and its treatment. This was followed by Maud Kelly, who gave a demonstration of the nursing care. The third patient was a surgical case and Dr. S. A. Carlucci gave a clear presentation of the nature of the operation and the required post-operative nursing care.

One of the most delightful features of the program at Bellevue was a playlet given by the Preliminary Students under the direction of Ethel Bacon.

The little three-act play, written by several of the students, required the performance of 24 practical nursing procedures. Dr. George Draper, who has charge of the Constitutional Clinic at the Presbyterian Hospital, gave an illuminating address on The Need for the Study of Constitution for Doctors and Nurses. The case study method, as it is used in the public health field, was explained by Mabelle Welsh, Associate Director of the East Harlem Nursing Demonstration. The Round Table discussion on case studies, proved of genuine interest. An exhibit of copies of case studies from many schools of nursing did much to stimulate discussion. Nine representatives from different schools, where case studies had

been successfully practiced, took part in the discussion.

A record-making registration of 431 members proved the growing demand for better methods of ward teaching and the desire to give the student nurses a richer experience.

Virginia: Richmond.—Virginia's first institute, held in December, under the auspices of the EDUCATIONAL SECTION OF THE GRADUATE NURSES' ASSOCIATION (corresponding to a State League) was highly successful. The sum of \$200, set aside by the Association in the spring, with the registration fees, almost covered the expenses. May Kennedy of Illinois was fortunately secured as Director.

The Institute opened with a public evening meeting at which there were three speakers of interest to everyone in the State, Martha Baylor, President of the Graduate Nurses' Association; Ethel Smith, Inspector of Training Schools; and Dr. Manfred Call, Dean of Medicine at the Medical College of Virginia. The program for the following three days included lectures and correlated demonstrations under the following main headings: Principles of Teaching, and Psychiatric Nursing, both conducted by Miss Kennedy, and Psychology, by Dr. J. R. Geiger from the College of William and Mary. Those on Teaching made a special appeal to the majority; they were supplemented by demonstrations of methods of teaching at Stuart Circle Hospital, given by Mary Tobin of The Army School of Nursing. In connection with the course in Psychiatric Nursing, a visit to the Memorial Clinic, a child's behavior clinic, was arranged and the Social Service Director, Dorothy Valentine, addressed the Institute on The New Social Psychiatry.

By unusual good fortune, Miss Goodrich was able to make her visit to the Medical College coincide with that of the Institute. She held two evening sessions which the members attended with great pleasure. Her contribution to the Institute proper was an illustrated lecture on The Trend of Nursing Education, showing case studies and record forms used in the Yale School. Ruth Jessee, formerly of the Faculty of the Yale School, now instructor at the Stuart Circle Hospital, followed Miss Goodrich's lecture with the application of Case Study methods in smaller hospitals.

Of unusual interest were the exhibits of teaching material used in conducting almost every course in the curriculum. These were prepared by instructors and teaching supervisors throughout the state, many of them



SOME OF THOSE WHO ATTENDED VIRGINIA'S FIRST INSTITUTE

representing great talent and skill. Among those was a collection of dolls painted to show various skin eruptions, charts made by students illustrating the progress of nursing, a room filled with special diets ready to be served, a miniature apartment furnished with dolls demonstrating the care of a contagious case in a home, a very complete exhibit of anatomical specimens, charts and models. A number of State and National Organizations sent most excellent exhibits and the Committee prepared collections of record forms used in prominent training schools, free teaching materials, inexpensive teaching materials, publications, etc. The exhibit rooms were open all day and student nurses were encouraged to use this opportunity for study.

A unique feature of the Institute was the participation of the nurses in a procession of the faculty and student body from the College to Historic Monumental Church where the Founder's Day exercises of the College were held.

A classification of those registering showed: Superintendents and directors of public health organizations, 38; instructors, 20; assistant superintendents and supervisors, 19; public health and industrial nurses, 14; private duty nurses, 9; student nurses, approximately 75; making a total of approximately 175 graduate and student nurses.

Commencements

MAINE:

Bangor State Hospital, Bangor, a class of seven nurses and four attendants, on February 14, with an address by Rev. Wayne L. Robison.

NEW YORK:

St. Mary's Free Hospital for Children, New York City, a class of fourteen on February 24.



State Boards of Examiners

District of Columbia: The District Committee has appointed Mary Carmody to succeed Elizabeth Melby on the Nurses' Examining Board. Miss Carmody is Superintendent of the Children's Hospital, Washington.

Georgia: Examinations for registration will be held April 20 and 21 in Atlanta, Columbus, Macon, Augusta and Savannah, providing ten applicants are received from each. Applications must be in the office of the Secretary, 105 Forrest Ave., N. E., Atlanta, Ga., before April 5.

Kansas: THE KANSAS STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration in Wichita, May 3 and 4, 1927. Applications

for this examination should be filed not later than April 15 with the Secretary of Board, M. Helena Hailey, 961 Brooks Avenue, Topeka.

Maine: The semi-annual meeting of the BOARD OF REGISTRATION AND EXAMINATION OF NURSES will be held at the State House, Augusta, the third Wednesday in April (April 20) beginning at 9 o'clock. Applications for registration should be filed fifteen days before the date of meeting. Theresa R. Anderson, Secretary, Bangor.

Tennessee: Canie Hawkins has been appointed secretary-treasurer of the Board of Examiners of Nurses.



State Associations

Alabama: The Executive Board of the ALABAMA STATE NURSES' ASSOCIATION met in Montgomery, January 17. It being inauguration day, the members participated in the parade, having five cars at their disposal. After the exercises and a luncheon given by Eunice Ward, the meeting was held. It was decided to change the date of the fall meeting, for this year only, to September. Committees were appointed. Scholarships and plans for educational advancement were discussed. During the meeting of the College of Surgeons held at Birmingham, in October, a section was given to the members of the State Association.

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION will hold its annual convention in Globe, April 4 and 5. An interesting program is being planned which includes several out-of-state speakers.

California: THE NORTHERN BRANCH OF THE CALIFORNIA STATE LEAGUE has an average attendance of forty-five. At the January meeting, held at the San Francisco Nurses' Club, San Francisco, Miss C. Sloan, Chief Dietitian at Stanford and Lane Hospitals, led an interesting discussion on Dietetics as Outlined in the Standard Curriculum, while Mrs. Lyda White, Superintendent of Franklin School of Nursing, led an equally interesting discussion as to How Dietetics Should be Taught. On January 15, Mary May Pickering, recently appointed Assistant Professor of Nursing at the University of California, was guest of honor at a luncheon given by the Northern Local League. Miss Pickering spoke of the hopes and aims of her coming work, and all loyalty and helpfulness were pledged by the members present. At a League Dinner,

recently given by the nurses of Sacramento, a talk was given on the Work of the League and Its Organization, by Sarah G. White; the subject, The Influence of the Private Duty Nurse in the Hospital, was taken by Ruth Gustafson, Instructor in the San Francisco Hospital. California is so large a state, geographically, that while headquarters of the Leagues are in San Francisco and Los Angeles, there are many members of the League who are not near enough to attend meetings in these centers, so it has been decided to have meetings attended by League representatives in other cities of the State.

Connecticut: The twenty-second annual meeting of the GRADUATE NURSE ASSOCIATION was held in Waterbury, January 25-27.

The opening session was called to order by Abbie M. Gilbert, President. The speaker of the evening was Remsen B. Ogilby, LL.D., President of Trinity College, Hartford, whose subject was The Thrill of the Unexpected. Cora E. Simpson, General Secretary of the Nurses' Association of China, took the members on a delightful trip to China, every nurse present felt a desire to go there in 1929, after hearing her. Miss Simpson was a guest of the Educational Section of the Association. The Public Health Nursing Section had the new Executive Secretary, Margaret K. Stack, for their morning speaker. Her subject was Function of Headquarters. As the Headquarters was only three weeks old, everyone felt a great deal of work had been done there, in this brief period. At the afternoon session, Dr. W. H. Coon, Health Officer of Bridgeport, spoke on The Value of the Public Health Nurse in Prenatal, Natal and Postnatal Nursing. A splendid maternity exhibit was given by the Visiting Nurse Association of Bridgeport. Ira V. Hiscock, C.P.H., Assistant Professor of Public Health at Yale, gave an illuminating address on The Value of Records and Record Keeping and Annual Reports and Their Distribution. The Private Duty Section had Elizabeth E. Golding of New York as their guest. Miss Golding gave an inspiring talk on Private Duty Nursing and at a later session of the Graduate Nurse Association she spoke on the Nurses' Relief Fund.

Because of Headquarters and the amalgamation plan in the state, all sections and the mother organization had revised by-laws to consider at each session; all were adopted. The Graduate Nurse Association increased dues for active members from two dollars to five. The nurses enjoyed tea each afternoon at 4:45, served by the two hospitals and the

graduate nurses of Waterbury. A subscription banquet was held on the second evening. Educational Exhibits from seven training schools were on display in the room where all sessions were held. The next annual convention will be held in New Haven. The following officers were elected: President, Margaret J. Barrett, New Haven; vice presidents, Abbie M. Gilbert, Middletown, Helen Bruger, Cheshire, Martha Wilkinson, Hartford; secretary, Amber L. Forbush, Middletown; treasurer, Ann E. Richter, Bridgeport; directors, Myrtle E. Ketchen, New Haven, and Mildred D. Hatch, Middletown.

The Educational Section elected: Chairman, Sarah E. Hyde, Middletown; vice chairman, Winifred Ann Hart, Bridgeport; secretary and treasurer, Maud E. Traver, New Britain.

The Private Duty Section elected: Chairman, Mrs. Winifred Branman, Bridgeport; vice chairman, Mrs. Cora Conklin, East Haven; secretary and treasurer, Gladys Pease, Hartford.

The Public Health Section elected: Chairman, Mabel Macdonell, Stamford; vice chairman, Elizabeth Smith, Wallingford; secretary and treasurer, Gertrude Osborne, New London.

Delaware: The sixteenth annual meeting of the DELAWARE STATE ASSOCIATION OF GRADUATE NURSES was held at the Delaware Hospital, Wilmington, on January 27. The business meeting was held in the afternoon and after supper Burton L. Rockwood gave a very interesting talk on the Near East Relief and showed a motion picture of the work done for the refugees of Armenia. As a result of Mr. Rockwood's lecture, the Association pledged one hundred dollars toward a sponsorship fund to take care of one little Armenian girl for a year. The annual election of officers resulted in the following: President, Amelia Kornbau; vice presidents, Florence Thomas, Bessie Connell; secretary, Florence Marvil; treasurer, Evelyn Hayes; directors, Bertha Schrank, Ione Ludwig.

District of Columbia: Washington.—The second regular meeting of the year of the GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA was held January 3. The resignation of Elizabeth Melby as recording secretary was accepted with regret. The Public Health Section entertained Cora E. Simpson, General Secretary of the Nurses' Association of China, in December and interest was aroused in the International Congress to be held in Peking in 1929. The Graduate Nurses' Association and the League of Nursing Educa-

tion entertained at tea in honor of Elizabeth Melby. Miss Melby, who has been for several years instructor of nurses at Walter Reed Hospital, is leaving the city to take up similar duties at the Yale University School of Nursing. Miss Melby has been active in all the nursing organizations in the city, serving efficiently as president of the League of Nursing Education and of the Nurses' Examining Board as well as recording secretary for the Graduate Nurses' Association. It is with regret that her resignations have been accepted; the good wishes of the nurses of the District of Columbia go with her in her new field.

THE LEAGUE OF NURSING EDUCATION held its December meeting at the Nurses' Club. Mrs. Phyla Stevens was chosen chairman of the Central School Committee for the remainder of the academic year. A very interesting discourse was given by Mary Schick, librarian at Walter Reed Hospital, and by Cora E. Simpson, General Secretary of the Nurses' Association of China. Fifty members of the League enjoyed an interesting talk by Julia Schillings on January 27, at the American Red Cross Building, her topic being, A Musical Excursion to the Mediterranean.

Georgia: THE EXECUTIVE BOARD OF THE STATE ASSOCIATION met at the Headquarters Office, Atlanta, January 29. Important considerations were the report of the Ways and Means Committee with recommendations for the amendments of three clauses in the Nurses' Practice Act to make registration compulsory, provide for annual reregistration and for granting credits for advanced college work or for courses in special branches in accredited institutions. It was voted to secure the cooperation of the Medical profession in each of the districts before presenting any bill to the legislature. The publication of the Year Book was authorized. It was voted to accept the proposal of the Journal of the Georgia Medical Association to take financial and editorial responsibility for the publication of two pages monthly in that journal.

Membership of Districts was reported as: First, 343; Second, 106; Third, 31; Fourth, 111.

Maine: The annual meeting of the MAINE STATE NURSES' ASSOCIATION was held at Lewiston, January 7-8, with headquarters at the Dewitt Hotel. I. C. Johansen, Franklin County Nurse, was program chairman. Miss Johansen and her corps of assistants deserve praise for the interesting variety of subjects which they provided for this meeting. Janet

Geister brought greetings from the American Nurses' Association and also by request her address which she gave on Hearsay and Fact in Private Duty at the American Health Congress at Atlantic City. Marie T. Phelan of the Children's Bureau was the speaker for the Public Health Section. Very clearly she outlined for the nurses the different departments of this Federal Bureau for Children and their various functions. The following officers were elected to serve for 1927: President, Rachel A. Metcalfe, Lewiston; vice president, Louise Hopkins, Bangor; secretary, Mrs. Theresa R. Anderson, Bangor; treasurer, Mrs. Lou Horne, Portland; director, Edith L. Soule, Augusta. More than one hundred and twenty-five enjoyed the banquet at which the Association was entertained.

Maryland: The twenty-fourth annual meeting of the MARYLAND STATE NURSES' ASSOCIATION was held in Baltimore, January 12, 13 and 14, in joint session with the Maryland League of Nursing Education and the Maryland State Public Health Nurses' Association.

The opening meeting and the business session of the Maryland State Nurses' Association were held on Wednesday morning. The meeting was opened with prayer by Rev. S. Tagart Steele, Chaplain, The Guild of St. Barnabas for Nurses. Elsie M. Lawler, President, in her address reviewed the work, not only of the Maryland State Nurses' Association, but of the National Nursing Association, during the last twelve years. Miss Lawler also stressed the point of the necessity of interesting the younger nurses in the work of the nursing organizations. At this session reports were read by the Presidents of the Maryland State Board of Examiners of Nurses and the Central Directory of Registered Nurses, Inc. Jane E. Nash, President of the Central Directory, in giving her report for the year pointed out that for the first time in the history of the organization the entire registry of three different schools had joined the Central Directory. The report also showed that hourly nursing service had been established as a part of the regular service being furnished the public by the Directory. The report showed that the number of registered nurses on the Directory was 305, and that nearly 3,000 calls had been filled during 1926.

At this session it was decided to make a contribution of \$300 to be divided equally between the McIsaac Fund and the Isabel Hampton Robb Memorial Fund, of which Miss Lawler is Chairman. This action was taken as a note of our appreciation for Miss

Lawler's services as our president for the last twelve years, on her retiring from the presidency. It is hard to find any words or any gift that adequately express appreciation and thanks to a nurse who as the Superintendent of a School of Nursing in one of the large hospitals has given her services, sometimes at much sacrifice, to the work of a State Nurses' Association for the last twelve years. But the Maryland Nurses do appreciate what Miss Lawler has done and are grateful that she could continue as president for so long a time. It was also voted at this meeting to make an annual contribution to the Isabel Hampton Robb Memorial Fund and the McIsaac Fund; the amount to be decided at each annual meeting. This year the amount contributed was \$25 to each Fund. The afternoon session in Osler Hall was held under the auspices of the Maryland League of Nursing Education, at which time Sister M. Helen Ryan and Nellie Oxley were the speakers. At the close of this session a Tea was given by St. Barnabas Guild for Nurses. The speakers at the evening session were Esther L. Richards, Associate Psychiatrist, Johns Hopkins Hospital, and Dr. Ella Lonn, Professor of History, Goucher College. Dr. Richards and Dr. Lonn were most enthusiastically received by the nurses.

Thursday was Public Health Day under the auspices of the Maryland State Public Health Nurses' Association. In the morning, about one hundred and fifty nurses went by bus and private automobiles to the Eudowood Sanatorium, where Dr. William S. Bridges demonstrated the "Alpine Lamp." Luncheon was served at the Sanatorium. In the afternoon, Dr. J. C. Hemmeyer was the speaker in Osler Hall and took as his subject The Action of Insulin. Nearly four hundred nurses attended this session and were much interested in the lecture and slides. The evening session was held in the Western High School when Eugene Lies, of Chicago, was the speaker. The evening closed with a three-act play presented by the County Health Nurses of Maryland entitled *The Costly Party*. Great credit is due the nurses who contributed so much enjoyment to the large audience.

Practical demonstrations were given at the Johns Hopkins Hospital on Friday morning by pupil nurses from the Hospital for the Women of Maryland and the Union Memorial Hospital. This session is always attended by a large number of nurses and our sincere thanks are due the pupils from these two schools for their valuable contribution towards

the success of the meetings. At the close of this session a Luncheon was served at the Church Home to the members of the Boards of Directors. In the afternoon of Friday we had the pleasure of having J. Beatrice Bowman, Superintendent, Navy Nurse Corps, and Lucy Minnigerode, from Washington, as speakers and the nurses gave them a hearty welcome. This session was followed by a most delightful Tea at Sinai Hospital. The meeting closed with the Annual Dinner at the Hotel Rennert, when Carrie M. Hall, President, National League of Nursing Education, was the guest of honor. Miss Hall and J. Kemp Bartlett, Jr., were the speakers at the dinner.

The officers elected for 1927 are: President, Jane E. Nash; vice presidents, Elsie M. Lawler, Martha E. Friend; secretary, Sarah F. Martin; treasurer, Anna L. Zerhusen; directors for three years, Mrs. Emma M. Hoshall, Helen Shearston.

New Jersey: THE NEW JERSEY LEAGUE OF NURSING EDUCATION held its annual meeting and election of officers on January 28, in Newark, following the Institute. Dr. Whitley of Columbia gave a most interesting and enlightening talk on Psychology, painting many pictures which were easily recognized. The following officers were elected: President, Jessie M. Murdock, Jersey City Hospital, Jersey City, for 1 year; vice president, Anne E. Rece, Muhlenberg Hospital, Plainfield, for 2 years; secretary, Blanche Emily Eldon, Mercer Hospital, Trenton, for 2 years; treasurer, Carolyn Schmoker, Newark City Hospital, Newark, for 1 year; directors for 1 year, Eva Caddy, Hospital of St. Barnabas, Newark, Kate Madden, Elizabeth General Hospital, Elizabeth, Cora Swartz, Cooper Hospital, Camden. Carolyn Schmoker, Director of the School of Nursing, Newark City Hospital, was the hostess.

The annual meeting of the NEW JERSEY STATE NURSES' ASSOCIATION will be held in Montclair, on Friday, April 1. The speakers for the meeting will be: Dr. May Ayres Burgess and Janet Geister. The joint banquet on Friday evening will be under the auspices of the State League of Nursing Education. On Saturday, the 2nd, the State Organization for Public Health Nursing will hold its annual meeting, at the same place.

North Carolina: Charlotte.—A meeting of the Advisory Council of the NORTH CAROLINA STATE NURSES' ASSOCIATION was held at the Hotel Charlotte, January 17. The date

of the annual meeting, which will be held in Charlotte, May 24-26, was decided upon. The program this year will be a specialized, instead of as in the past two years, a generalized one. The Private Duty Section has the first, the League the second, and the Public Health Section the last day with probably an Institute of one or two days to follow. *Southern Medicine and Surgery*, a medical journal published in North Carolina, has asked the State Nurses' Association to be responsible for a column or more each month. It was decided to try this out for a year, and instead of having a chairman, each district will be responsible for a month's article. A joint meeting of the Standardization Board and the Board of Examiners was also held in Charlotte. The members feel, through the work of this joint committee, they are making definite progress in grading the schools of nursing.

Ohio: THE OHIO STATE ASSOCIATION OF GRADUATE NURSES will hold its twenty-fourth annual meeting at the Miami Hotel, Dayton, April 19-22. The program, though not yet complete, will include the following:

April 19, 3 p. m., Trustees' meeting; 8 p. m., Advisory Council meeting.

April 20, 9 a. m., registration; 9:30, business meetings of sections; 10:30, Invocation, address of welcome, L. G. Bowers, M.D., President Ohio State Medical Association; response and annual address, V. Lota Lorimer. 1:30 p. m., Reports of officers and committees; 4:30, Conference of registrars, led by Mrs. Alice Carter, Columbus. 8 p. m., Red Cross session, with addresses by Augusta M. Condit, Julia Groscup, Creta M. Zorn, Anna H. Peterreit, Mrs. Clara B. Gillon, and Dr. Thomas Green, also a playlet, Taking the Picnic to the Shut-in by the Home Hygiene class of Roosevelt High School.

April 21, 8 a. m., Round tables, Education in Nursing, Elizabeth M. Meyer, Chairman; Institutional, Mrs. Estelle C. Koch, Chairman; Public Health, Eva Freeman, Chairman; Industrial, Caroline Hilliard, Chairman; Private Duty Nursing. 10:30 a. m., Private Duty Section, Mrs. Anna Creedon, Chairman, addresses—Prevention and Relief of Nephritis, A. E. Brower, M.D.; Nursing Care of Nephritis, Ethel Metz Owens; Thrift, Mrs. Edith McClure Patterson. 1:30 p. m., Public Health Section, Mrs. Clara Lodwick Linton, Chairman, papers—Utilizing Constructive Community Forces, Anna S. Drake; Personality as It Relates to Nursing, Marion G. Howell; A Study in Personality, Professor F. D. Slutz.

April 22, 9:30 a. m., Education Section,

Clara F. Brouse, Chairman. Addresses—New Type of Examinations, Nellie X. Hawkinson; Problems of Affiliation, Mrs. Estelle C. Koch; Pediatric Affiliation, Gladys Sellew. General round tables, Clara F. Brouse, Chairman, Nursing in Homes and in the Country, Augusta M. Condit; Why I Do Not Nurse in Homes, Ferne Young; Home Nursing from the Registrar's Standpoint, Mrs. Anna Creedon; Rural Home and Public Health Nursing, Mrs. Clara Lodwick Linton; School Preparation for Home Nursing, Catherine Buckley; Modern Methods of Care of the Newborn Baby, Eleanor Daily; Value of Local Group District Meetings, Elsie Druggan; Establishing (Summit County) Nursing Headquarters, Celia Cranz; "Ohio Registered"—A Slogan for the Year, Caroline V. McKee; When, How and Where Shall I Retire? V. Lota Lorimer; 4 p. m., Closing business session. 6:30 p. m., Annual Subscription Banquet. Addresses—"The Nurse and the Changing Order," Janet M. Geister, Director, American Nurses' Association; "Our Heritage," Honorable Florence Allen, Judge of the Supreme Court, Columbus.

Oregon: THE OREGON STATE GRADUATE NURSES' ASSOCIATION and the STATE ORGANIZATION FOR PUBLIC HEALTH NURSING will hold a joint annual conference on March 4 and 5 at the Central Library, Portland. The business meetings of each group will be held at the morning sessions. Jane C. Allen, director of the National Organization for Public Health Nursing and former director of the Oregon Bureau of Nursing, will be the principal speaker.

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION held its annual meeting at the rooms of the Rhode Island Medical Society on January 28. The President, Winifred Fitzpatrick, opened the meeting; the reading of the minutes with the reports of the officers and various Committees followed. Resolutions on the death of Abby E. Johnson, a former President of the State Association, were adopted. Miss Fitzpatrick will continue as President with the following officers: vice president, Asta Erpstad; recording secretary, Ann McGibbon; corresponding secretary, Edith Barnard; assistant, Edith Lindsey; treasurer, Helen Parks; directors for three years, Edwina Porter and Evelyn Mulrenan. Plans are being completed for the New England Convention of the American Nurses' Association to be held at Providence April 27-29. Headquarters will be at the Biltmore Hotel. Frances Clarke of the Providence Tuberculosis

League, recently returned from Florida, was the speaker. Miss Clarke gave an interesting and instructive talk on her work with the Relief Corps following the hurricane in Florida.

Utah: THE UTAH STATE NURSES' ASSOCIATION held its annual meeting and elected: President, Mrs. E. C. Richards; vice president, Ella Wicklund; secretary, Katherine Brett, all of Salt Lake City. General meetings are held three times a year; board meetings, every month. A Private Duty Section will probably be organized at the next meeting.

Vermont: A meeting of the Executive Board of the VERMONT STATE NURSES' ASSOCIATION was held in Burlington on January 18. The annual meeting of the Association will be held on May 24, at the Hotel Sherwood, Burlington. A discussion in regard to districting the state will take place.



District and Alumnae News

Alabama: Birmingham.—DISTRICT 1 held its annual meeting at the Business and Professional Women's Club, January 12, and elected as officers: President, Annie Jackson; vice presidents, Marion Houlihan, Jane Holbrow; secretary-treasurer, Lucille Dugan; Federation secretary, Zoe LaForge; and four directors. Miss Stockton read the Code of Ethics, instead of an address. Letters were read from nurses in other states. DISTRICT 1 gave a luncheon during the meeting of the College of Surgeons, at which addresses were made by Dr. MacEachern of Chicago, Dr. Spellman of New Orleans, Dr. Chipman of Montreal and Dr. Wilder of Birmingham. THE ALUMNAE ASSOCIATION OF ST. VINCENT'S HOSPITAL held its annual meeting recently, with the Seniors as guests. Miss Moulitis urged them to become members of the Association and told of the scholarship fund recently started. The officers were re-elected: President, Marion Houlihan; vice presidents, Eida Peterson, Kate Jackson; secretary, Mrs. D. C. Van Merkestin; treasurer, Catherine Moulitis. Plans were made for the yearly reunion and a committee appointed. **Montgomery.**—DISTRICT 2 received the prize in the Armistice Day parade,—Red Cross Nurses.

Arkansas: Little Rock.—ST. VINCENT'S ALUMNAE has elected the following officers for the year: President, Mrs. J. D. Scroggin;

vice presidents, Mrs. Tom Aypert; secretary, Frances Widener; treasurer, Myrtle Gray.

California: Los Angeles.—DISTRICT 5 had a distinguished guest and speaker at the regular meeting on February first, Sarah E. Sly of Birmingham, Michigan. Miss Sly is spending the winter at Santa Monica. Her talk was greatly enjoyed by those present. Following the talk, all were given an opportunity to meet Miss Sly. **Oakland.**—A Private Duty Section of DISTRICT ONE has been formed.

Colorado: Stella Nicolas, formerly in Worcester, Mass., has been appointed Assistant Director of Nurses at the University of Colorado School.

Georgia: Atlanta.—Jane Van De Vrede, executive secretary of the Georgia State Nurses' Association, lectured to the Seniors of the Wesley Memorial, Piedmont and Grady Hospital Schools on the three national nursing organizations and the Red Cross Nursing Service. **Milledgeville.**—The Third District met at Brantly Hall, recently. Louise Hazelhurst, school nurse for Macon City Schools, read an excellent paper on Public School Nursing. Dr. Applewhite, Public Health Physician for Bibb County and City of Macon, gave an instructive talk on Public Health. **Savannah.**—THE FOURTH DISTRICT held its December meeting at the Savannah Hospital, at which there was a discussion on Hourly Nursing. A committee was appointed to confer with the Public Health Nursing Service to regulate hourly nursing of private cases. At the meeting held January 26, at St. Joseph's Hospital, excellent talks were given by Dr. Lee and Dr. Myers on the necessity for better coöperation between doctors and nurses. Mrs. Albrecht read a paper on State Headquarters, and Miss White gave a report of the State Convention. Red Cross enrollment and support of the *American Journal of Nursing* were urged by a message from Miss Hall.

Illinois: Chicago.—THE CENTRAL COUNCIL FOR NURSING EDUCATION held its seventh annual meeting on January 31, with an address on University Education and Nursing by Franklin C. McLean, M. D., of the University of Chicago. A joint meeting of the executive boards of the three chapters of the INTERNATIONAL CATHOLIC GUILD OF NURSES was held on January 25, at the Englewood Hospital, when the three were consolidated into one, to be known as the Chicago Chap-

ter of the Guild. The following officers were elected: President, Anna F. Tighe; vice president, Laura M. Wright; secretary, Maude Langdon; treasurer, Sara Abrams; auditor, M. Mellaire. Chairmen of committees, appointed by the President, are: Publicity and Press, Mary A. Anderson; Ways and Means, Catherine MacNamara; Program, Tress Prellwitz; Retreat, Margaret Pillion; Visitation of Sick, Florence Kleinhaus; Membership, Miss O'Toole. President Vincent of the Rockefeller Foundation came to the city to help launch the drive for funds for the new building of the CHICAGO LYING-IN HOSPITAL, which has been taken over by the University of Chicago. A committee headed by M. Helena McMillan is working on the endowment for a chair of nursing in the University. The slogan is \$5 a year, or 10 cents a week from every nurse in Illinois for five years. Group Nursing was discussed at a luncheon at the Chicago Nurses' Club, to which representatives of the medical, nursing and hospital groups were invited.

Indiana: Evansville.—THE THIRD DISTRICT ASSOCIATION met with the Deaconess Alumnae on January 14, with sixty in attendance. Dr. Joseph Willis gave an interesting talk on The Ideals of Nursing. A group of Walker nurses gave a playlet illustrating the choice among different branches of the profession. The March meeting will be held in Terre Haute. **Fort Wayne.**—A great loss has come to the Lutheran Hospital in the death, in February, of Dr. Herman A. Duemling, chief surgeon and president of the staff. He was a good friend to the nurses and had been their instructor in surgery since 1902. The entire student body, in uniform, attended the funeral. **Hammond.**—The quarterly meeting of the SECOND DISTRICT ASSOCIATION was held at St. Margaret's Hospital, January 8. It was well attended. After the business meeting, a musical program was given by the students. Two excellent papers were read, one on Scientific Advances in Surgery, by Dr. L. A. Goodman, and one on Liabilities of the Graduate Nurse, by Attorney Charles L. Vaughan. Just before closing, Rev. John Niccols, Chaplain of the Hospital, spoke. The members attending the meeting were the guests of the Sisters of St. Margaret's for supper. The next meeting will be held at St. Mary's Mercy Hospital, Gary.

Iowa: Ottumwa.—THE SECOND DISTRICT held its annual meeting at the First Lutheran Church, January 8. There was a good attendance. Officers elected are: President,

Esther Albright, Oskaloosa; vice presidents, Mary West of Burlington and Estella M. Lane, Ottumwa; secretary, Margaret Stoddard of Mt. Pleasant; treasurer, Flora Smith of Oskaloosa, and two directors. THE OTTUMWA HOSPITAL ALUMNAE held their annual meeting at the Elizabeth Trotter Nurses' Home, on January 12, with the election of officers: President, Estella M. Lane; vice president, Blanche Barton; secretary, Hazel Waite; treasurer, Martha Bell. The association meets the second Wednesday of each month.

Kansas: *The Kansas State Nurses' Association Bulletin* has made its appearance, a twelve-page quarterly, full of reports and information of interest to the members. This number contains, also, a picture of Sister Catherine Voth and a facsimile copy of her farewell letter to the nurses of the state.

Massachusetts: Boston.—At the annual meeting of the NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION, held on January 8, officers were elected: President, Louise G. Fiske, Framingham; vice presidents, Laura M. MacEachern, Boston, Laura S. Pratt, Holyoke; recording secretary, Melda F. MacDonald, Salem; corresponding secretary, Mrs. Edith C. Hill, Amesbury; treasurer, Grace Van Buskirk, Winchester; auditor, Mrs. Louise H. Munroe, Boston. Mrs. Anna M. Stabler of Palo Alto, California, is Honorary President. Dr. Leroy Miner, Dean of Harvard Dental School, the speaker of the evening, gave a most interesting talk on *The Medical Aspect of Dentistry*. **Cambridge.**—THE CAMBRIDGE CITY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 10 at the Nurses' Home, when the officers for the year were elected: President, Helen McManus; vice president, Helen McDonough; secretary, Doris Trites; treasurer, Dorothy Heagvey.

Michigan: Michigan has begun to consider a better management of registries and at a recent meeting held in Lansing, representatives of several districts came together to make plans for district registries. **Battle Creek.**—Officers of the BATTLE CREEK DISTRICT for the year are: President, Mrs. Mary MacDonald; vice president, Ruth Tappan; recording secretary, Mary Edgar; corresponding secretary, Clara Gasser; treasurer, Mrs. Forest Monahan, and six directors. **Detroit.**—Janet Geister of the American Nurses' Association was the speaker at the February meeting of the DETROIT DISTRICT ASSOCIATION. A

discussion of hourly and group nursing opened many possibilities to the private duty nurse. **Marquette.**—THE MARQUETTE DISTRICT held its annual meeting on January 10, at the Federation Club House, when the following officers were elected: President, Emilie Van Brocklin; vice president, Mrs. Martha L. Johnson; secretary, Ingebur C. Peterson; treasurer, Ina E. Atkin; and one director.

Minnesota: Winona.—THE WINONA GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION elected the following officers at their recent annual meeting: President, Esther Schultz; vice presidents, Edna Florin, Esther Brueska, Nan Clifford; secretary, Grace Woods; treasurer, Mary Leitz, and four directors.

New Jersey: Long Branch.—The annual meeting of DISTRICT 4 was held on February 2, at the Nurses' Residence of the Monmouth Memorial Hospital. The following officers were elected for the year 1927: President, Harriet Cook, Red Bank; vice president, Albertine Faliatraul, New Brunswick; secretary, Minnie Ireland, Long Branch; treasurer, Mrs. Margaret Brown, Spring Lake; and two directors. There were about eighty members present. An excellent paper on A New Alignment on Professions, read by Gertrude Laws of Red Bank, was most instructive and gave to each one new ideas on the many professions now open to women.

Newark.—The annual meeting of the ALUMNAE ASSOCIATION OF THE HOSPITAL OF ST. BARNABAS was held January 14 and the following officers elected: President, M. D. Hyatt; vice president, L. Roalef; secretary, E. M. Weller; treasurer, L. M. Spatz; treasurer of the Sick Benefit Fund, Mrs. M. H. Bissell. **Passaic.**—ST. MARY'S ALUMNAE held their February meeting at the Nurses' Home, on the 3rd, with a good attendance. Frances Tierney gave a report of the Sick Benefit Fund. After discussion, it was decided that a change would have to be made in the care of sick nurses. This will be discussed at the next meeting. THE PASSAIC GENERAL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on February 2, and elected: President, Emma Nelson; vice president, Mrs. Frances Terhune; secretary, Marion Hemingway; treasurer, Mrs. Fred Windheim.

New York: Binghamton.—The annual meeting of DISTRICT No. 5 was held January 12 at the Elks' Club. A dinner, which was largely attended, preceded the meeting. The

officers elected were: President, Mrs. Genevieve Clifford, Ithaca; vice presidents, Jeanette Salmon, Binghamton, Mrs. Marie Brown, Johnson City; secretary, Ethel A. Thornburn, Binghamton; treasurer, Mrs. Amy Post, Binghamton; and two directors. The next meeting will be held in April in Ithaca. The annual meeting of the ALUMNAE ASSOCIATION OF THE BINGHAMTON TRAINING SCHOOL FOR NURSES, CITY HOSPITAL, was held January 6 in their Club Room in the Mary A. Johnson Nurses' Home. Officers for 1927 are: President, Mrs. Ruby Maxson, re-elected; vice president, Gladys Boyd; recording secretary, Angie Miles; corresponding secretary, Mary Clark; treasurer, Ethel A. Thornburn; and four directors. This year the dues have been raised and include one dollar per capita for the Nurses' Relief Fund. **Brooklyn.**—At the annual meeting of the NORWEGIAN LUTHERAN DEACONESS HOME AND HOSPITAL ALUMNAE, the following officers were elected: President, Mathilde Gravidahl; vice presidents, Alette Berge and Aslaug Follestad; secretary, Mette M. Hagen; treasurer, Hedvig M. Larsen. **Buffalo.**—On January 19, DISTRICT 1 held a joint session with the League of Nursing Education in the Nurses' Home of the Buffalo General Hospital. Mrs. Henry Osgood Holland spoke on Building the Life of a Child Four-square. **Ithaca.**—THE ITHACA CITY HOSPITAL has changed its name to the Ithaca Memorial Hospital. The Alumnae Association has furnished a room in the new wing of the hospital, raising the money in various ways. The Alumnae held their annual meeting in December and elected: President, Gladys Metzgar; vice president, Clara Woolsey; corresponding secretary, Mrs. Lettie Hoover; recording secretary, Mrs. George Norris; treasurer, Frances Tyrell. **New York.**—THE BETH ISRAEL ALUMNAE have elected as officers: President, Marie Korman; vice presidents, Ethel Lieberman and Anna Rosenbloom; secretary, Mrs. Sadie R. Morrison; treasurer, Mary Axelrod; and four directors. **Rome.**—THE ALUMNAE ASSOCIATION OF THE ROME HOSPITAL, at their meeting held February 3, had as their guest Mae Woughter, Executive Secretary of the State Association, who spoke on the common problems which confront nurses of today. Graduate nurses of Rome and student nurses were invited to attend the meeting. **Syracuse.**—The alumnae associations of all the hospitals of the city united in an entertainment held February 25 to raise money for the Nurses' Relief Fund. Other associations of District 4 will help in some way, later.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF THE GOOD SHEPHERD OF SYRACUSE UNIVERSITY, at its annual meeting, elected: President, Loretta Salmon Newgass; vice presidents, Elvina Hofmyer, Ethel Haliday; recording secretary, Anna Randall Erhardt; corresponding secretary, Pauline Clark Steinbecker; treasurer, Cassie White; and two directors. Jessie Broadhurst has been made a member of the Board of Nurse Examiners. Thirty-five student nurses were accepted in the fall and twelve in February. Nothing has been heard for some time from Ednah Bonsefield Vealls and it is believed she is still in China. **Troy.**—Harriet M. Gillett has been appointed Superintendent of Nurses at the Samaritan Hospital.

North Carolina; Asheville.—DISTRICT 1 had its most successful year in 1926, with a present membership of 143. The sum of \$850 was raised toward the amount required for the purchase of a lot on which to build a club house with an office for the Nurses' Registry. At Christmas, gifts were sent to two hundred nurses who are invalids, a gift has also been sent to the American Mission to Lepers. The following officers have been elected for the year: President, Louise Guffin; vice presidents, Edna P. Jenkins and Serena D. Alexander; corresponding secretary, Dorothy Wallace; recording secretary, Frances Lashley; treasurer, Minnie Gibbs. Meetings are held the second Wednesday in each month. **Wilson.**—DISTRICT 8 held its quarterly meeting on January 11, at the Woman's Club, when the following officers were elected: President, Mrs. Ursula Potts, Rocky Mount; vice president, Martha Newman, Wilson; secretary and treasurer, Alice L. Ward, Goldsboro. The next meeting will be held in Greenville.

Ohio: Cincinnati.—DISTRICT 8 held its February meeting at the Cincinnati General Hospital. Topics for discussion were "Hearsay and Facts in Private Duty," and Hourly Nursing. THE PUBLIC HEALTH SECTION OF DISTRICT 8 held its monthly meeting at the Emanuel Community House February 2. The members of District 8 were invited to meet Jane Allen, Director of the N.O.P.H.N. She extended greetings from the National Organization and gave a very interesting talk on her work. There were 125 nurses present. The next meeting of the Public Health Section will be a luncheon meeting at the Emanuel Community House March 3. Margery Stewart Palmer, Assistant Professor of Coordination

at the University of Cincinnati, will talk on the Coöperative System of Education. **Cleveland.**—Clara Justice has resigned as registrar of the Official Registry of District 4. She is succeeded by Olive E. Lebold. **Columbus.**—THE TWELFTH DISTRICT held its annual meeting at the Central Methodist Church, January 11, with an attendance of 107. Officers elected are: President, Flora Wolpert; vice presidents, Louise Dildine, Marie Hope; secretary, Mrs. Lucille Grapes Kinnell; treasurer, Rachel Kidwell; and three directors. Members elected to the Registry Board are: Augusta Spillman, Anna Sinnott, Nell Bollinger. **Dayton.**—The January meeting of DISTRICT 10 was held at Miami Valley Hospital with good attendance. Officers elected are: President, Mabel Lehman; vice presidents, Louise Schroder, Helen Hartzel; secretary, Carrol Woods; treasurer, Leona Huston; and three directors.

Pennsylvania: Braddock.—The annual meeting of the NURSES' ALUMNAE OF THE BRADDOCK GENERAL HOSPITAL was held on January 13, at the Hospital. Twenty-one nurses were present. The election of officers for the ensuing year resulted as follows: President, Agnes Morrison; vice presidents, Mae Moore, Viola Kortz; secretary, Amelia Tscherr; treasurer, B. Wise; and two directors. The retiring president, Mrs. Hetrick, was presented with a sewing cabinet. **Erie.**—At the annual meeting of the ST. VINCENT'S HOSPITAL NURSES' ALUMNAE ASSOCIATION, the following officers were elected: President, Adelaide Perry; vice president, Loretta Behrens; secretary, Mabel Brigden; treasurer, Mrs. Blanche Comstock Vane; and two directors. **Philadelphia.**—On the evening of January 10, the members of the MISERICORDIA ALUMNAE ASSOCIATION held their regular meeting in the Lecture Hall of the Hospital. The annual election of officers resulted in a new regime: President, Mary E. Kelly; vice president, Catherine Coyne; recording secretary, Ruth Kinnemann; corresponding secretary, Margaret E. Gough; treasurer, Mary Pasieka. Following the election, thirty-nine new members were admitted into the Association. **Pittsburgh.**—THE MONTEFIORE HOSPITAL ALUMNAE held their annual meeting January 6 in the Nurses' Auditorium. Officers elected are: President, Mrs. P. Cooper; vice president, Mrs. E. Hercherican; secretary, Mrs. R. Sigal; treasurer, Anne Klein. **Wilkinsburg.**—THE ALUMNAE ASSOCIATION OF THE COLUMBIA HOSPITAL held its annual meeting and elected: President, Inez McMasters; vice

presidents, Isabel Wiley, Mrs. Edward Davis; secretary, Margaret Duval; treasurer, Mae Campbell.

Rhode Island: Providence.—ST. JOSEPH'S HOSPITAL ALUMNAE held their annual meeting at the Nurses' Home on January 28. The following officers were elected: President, Mrs. Lillian Johnson; vice presidents, Margaret Frueel, Loretta Shaw; secretary, Alice O'Rourke; treasurer, Mrs. Alice Mulvey; and two directors. The Association is planning a very active year. Much has been done toward the Nurses' Permanent Bed Fund. Plans to assist the State Association with the entertaining of guests for the New England Convention were discussed. Membership was increased during the past year, thirty new members being elected.

Vermont: Burlington.—Mabel E. Ware has resigned as Superintendent of Nurses at the Mary Fletcher Hospital because of ill health. Her resignation was accepted with much regret. Nellie M. Jones succeeds Harriet E. Gardner as Shepard-Towner nurse for the state and the program for the year will be a state-wide one.

Wisconsin: Appleton.—The annual meeting of the MERCY-LAKESIDE ALUMNAE ASSOCIATION was held at the Business Women's Club on January 12, and was preceded by a luncheon. The following officers were elected for the coming year: President, Rose Fellie; vice president, Mrs. Hattie Hoover; secretary, Mrs. Claudia Gabbert; treasurer, Mrs. Paul Priebe. Chairman of committees are: Social, Cecilia Flynn; Program, Mildred Kelsch; Sick, Carolyn Fellie.



Deaths

Helen Winifred Allum (a student nurse of Rome Hospital, Rome, N. Y.) on January 19, of pneumonia.

Eleanor Anderson (class of 1918, Paterson General Hospital, Paterson, N. J.) on January 19, at the Hospital. Her classmates acted as honorary pall bearers.

Mrs. Henry Hampson (Clara Lee Denny, class of 1893, Illinois Training School, Chicago, Ill.) suddenly, on January 7, at her home in Omaha, Neb. Mrs. Hampson was a brilliant student, honest, kindly, full of humor. She thought of death as "The Great Adventure."

Irene Bradford Gavigan (class of 1919,

Highland Hospital, Rochester, N. Y.) on February 6, at the Rochester General Hospital, following an operation. Mrs. Gavigan was always a willing worker for the alumnae association. She showed patience and fortitude in her long illness.

Marie Guindon (class of 1924, Ithaca Memorial Hospital, Ithaca, N. Y.) on October 19, in Buffalo, during a typhoid epidemic. She was held in high esteem by all who knew her.

Cora Acella Horine (class of 1909, St. John's Hospital, Joplin, Mo.) at that hospital, February 4, following an operation. Miss Horine was one of the earliest graduates of St. John's and was always staunchly loyal to her profession and her school. She was superintendent of the old Central Hospital, but later gave up that position and did private duty. She was employed at the Mission Baptist Sanitarium and the Jewish Hospital in St. Louis, Mo. Miss Horine was loved by her patients and her fellow workers.

Abby E. Johnson (class of 1893, Homeopathic Hospital, Providence, R. I.) on January 7, at Providence. Miss Johnson was for several years a private duty nurse and was much beloved by her patients. During the war she became engaged in Red Cross work, and at the time of her death was the home service secretary of Providence Chapter, American Red Cross. She was president of her alumnae association, a director of the central directory for nurses, and she had been president of the Rhode Island State Association. She was a loyal, faithful worker, a good citizen,—“she lifted service from duty to joy.” Her friends are planning to furnish a room in her memory at the Providence Plantations Club.

Julia King (graduate of the Hahnemann Hospital School of Nursing, Brooklyn) recently. Miss King established the first registry for nurses in Syracuse, N. Y. For years she was a great sufferer from arthritis, but she managed to earn her living by means of the registry. Her friends are relieved that her suffering is ended. “She was one of the strongest-minded women in her profession.”

Mary Nailen (class of 1905, St. Vincent's Hospital, Birmingham, Alabama) on February 3, after being an invalid for eight years.

Miss Nailen saw service in Panama and was a martyr to duty. Red Cross nurses acted as honorary pall bearers. She will be greatly missed.

Annie O'Brien (class of 1911, St. Joseph's Hospital, Providence, R. I.) on December 18, after an illness of several months. Miss O'Brien was a supervising nurse at the Providence City Hospital for a long period of time, a very active member of her alumnae association, of which she was treasurer for six years. She will be greatly missed in the nursing profession and by all who knew her.

Mrs. Emile J. Ozaune (**Mable O'Mally**, class of 1913, New York Post-Graduate Hospital) a few days before Christmas, in California. Burial was in Brooklyn, N. Y. “Mickey” O'Malley was very popular among her school friends. Shortly after graduation she developed tuberculosis and lived at Saranac, N. Y., for some time. She apparently was cured, and recently married.

Edna Van Wort (class of 1917, Albany Hospital School of Nursing, Albany, N. Y.) in January, at her home in Hoosick Falls, N. Y., after an illness of nearly three years. Prior to her illness she had devoted her care and skill to a brother suffering with tuberculosis.

Mrs. Frank J. Oakes (**Kathleen Walsh**, class of 1916, Mercy Hospital, Denver, Colo.) in Mercy Hospital, on January 30, after a short illness. Mrs. Oakes served overseas during the war. She was a member of Leo Leyden Post No. 1, American Legion. The funeral was conducted with military honors.

Leona Magdalen Walter (class of 1924, St. Joseph's Hospital, Milwaukee, Wis.) on January 18, from typhoid fever, at St. Elizabeth's Hospital, Appleton, Wis. Miss Walter contracted the disease while nursing a child with typhoid fever. She continued her work until the child was well.

Isabelle C. Younge (class of 1912, Paterson General Hospital, Paterson, N. J.) at the hospital, on January 26, after an illness of more than a year. Miss Younge was president of the alumnae association and a member of the Board of Managers of the hospital. The alumnae attended the services in uniform and the members of her class acted as honorary pall bearers.

Too Late for Classification

Alabama: At a recent meeting of District 1, with headquarters at Birmingham, it was decided that a notice be sent to the *American Journal of Nursing*, stating that there is but a limited amount of work for private duty nurses in and around Birmingham, and that there are more nurses than there is work for them to do.

Oregon: THE OREGON STATE BOARD FOR EXAMINATION AND REGISTRATION OF GRADUATE NURSES will hold an examination for applicants for registration, April 14 and 15, at Portland. Grace L. Taylor, Secretary-treasurer, 488 Center St., Salem.

THE OREGON STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting as a joint meeting with the Oregon Organization for Public Health Nursing at the Central Library in Portland, March 4 and 5. The program includes the following addresses and papers:

March 4, Morning Session, Tests for Special Defects and Way To Remedy Them, Dr. B.

W. DuBusk; Tests and Reactions of Serums on School Children, Dr. Helen Cary; Problems of Speech Defects, Mrs. Frank Towsley; Practical Value of Vitamins in General Diet, Mrs. F. W. Brodie.

Afternoon Session, Mental Hygiene, Dr. Edmond Conklin; The Aims of the New Western Hospital Organization, Emily Loveridge; The Nurse as a Hospital Executive, Cliny Clark; The Doernbecker Hospital and Its Relation to the State, Grace Phelps.

Evening Session, Symposium: Educational Opportunity. and the Private Duty Nurse: Mary Leverton, Private Duty Nursing; Pauline Knudsen, School Division; Lena Peterson, County Nurse; Myrtle Keiser, Women's Protective Division; Astrid Hofseth, Hospital Superintendent; Lillie Helgeland, Visiting Nurse.

March 5, Morning Session, Health among High School Students, Dr. Estella Ford Warner; Five-Year Nursing Program in Oregon, Elnora Thomson.



Simple Facts about Communicable Disease

1. To call a physician early and to isolate the sick person is the most important thing to do in a case of communicable disease or suspicious communicable disease.

2. Not to let a child with a fever, nausea, sore throat or other symptoms suspicious of a communicable disease go to school or play with other children.

3. There is no excuse for having diphtheria, smallpox, or typhoid fever, as all are definitely preventable.

4. If your child has been exposed to a communicable disease, particularly scarlet fever, measles or whooping cough, call your doctor immediately; he may be able to help you.

5. Disease germs do not fly around in the air.

6. You get a communicable disease by either—

(a) Personal contact with a sick person.

(b) Personal contact with a person who is just coming down with the disease but who has not yet any easily recognizable symptoms.

(c) Personal contact with what is known as a carrier—an apparently well person who nevertheless harbors the organisms or germs of the disease and is able to pass the disease on to you.

(d) Contact with material freshly infected

either by a patient or a carrier; e.g., shaking hands with a person who has recently soiled his hand by putting it to his nose or mouth; eating food which has recently been infected; using another's handkerchief.

7. Inanimate objects such as toys, chairs, books, rugs, etc., do not convey disease from one person to another unless they have been very recently infected by the bodily discharges of a sick person or carrier. Except under extraordinary conditions, such as badly soiled handkerchiefs or linen rolled up in such a way as to maintain in the center a very warm temperature, disease germs do not live for more than 24 hours, usually not that long, away from the human body. Inanimate objects are therefore relatively unimportant in the spread of communicable disease unless used simultaneously by the sick and the well.

8. Bedside disinfection and strict personal hygiene are important in caring for communicable disease.

9. Gaseous fumigation after communicable disease is not only not necessary, it is a bad practice. It does no good and often does harm by giving you a false sense of security.

10. A thorough cleaning at the termination of a case with special care to boil or disinfect things which have been in contact with the patient, is necessary.

—Detroit Weekly Health Review.

About Books

TRAINING THE TODDLER. By Elizabeth Cleveland. 170 pages. 16 illustrations. J. B. Lippincott Company, Philadelphia, Pa. Price, \$2.

AS stated in the preface, the book has been compiled from observations made at the Merrill Palmer School, Detroit. It has been arranged for the uses of groups of parents, general study classes, and for the thoughtful individual parent. It is written in explicit language, with helpful illustrative examples of child life and thought. It states the fundamental principles underlying the training of children, and at the close of each section there follow test exercises which are stimulating and thought provocative.

Like lights on a Christmas tree, flashes forth frequently in this "Century of the Child" many enlightening, sometimes brilliant and charming books, dealing with child life. Training the Toddler is an especially attractive ornament in this profusion of colors and we are grateful to the author for presenting modern truths in a concrete and attractive form. Miss Cleveland does not claim that it is an all-illuminating book but rather, I should say, a bright star which is radiant for the parents who are anxious to give their children basic training for normal growth, physically, mentally, emotionally and socially, and who are eager to learn methods which have been used successfully with other children.

The problem has been approached from a scientific, rather than a sentimental viewpoint, and Miss Cleveland has adroitly answered the question as to whether there can be any advantage in a nursery school over that of home life by emphasizing the fact that "It is in the opportunity for the unrelenting regularity that the nursery school has

one of its greatest advantages over the home." Through the school demonstration, the need for insistence upon regularity, whether in the school or the home, is proved.

As a reference book, answers to problems may be found easily through well defined subject headings. This book will fill an important gap in our educational scheme of things and we welcome this helpful contribution to our child health libraries.

HARRIET L. LEETE, R.N.

New York

THE SOCIAL WORKER IN A HOSPITAL WARD. By Elsie Wulkop, with comment by Richard C. Cabot, M.D. 347 pages. Houghton Mifflin Company, The Riverside Press, Cambridge, Mass. Price, \$3.

BY making it possible for Miss Wulkop to devote her time to research, and writing, an anonymous donor has enabled the Massachusetts General Hospital to make a valuable contribution to the literature of medical social service. Thirty-seven case histories are presented. Each begins with medical diagnosis, medical and social history, and therapeutic assets. The vivid narrative which follows makes clear each patient's individual problem and shows how the social worker attacked this, in order to make more effective the doctor's plan of treatment. These narratives have an especial appeal to those readers who are interested in social work in a general way.

To the nurse, the study is of great value, especially if she has had no experience in hospitals with social service departments. She will greatly appreciate the introductions to each record because of her training in the observation of symptoms and her knowledge of

the importance of accurate medical history. The flexibility of treatment, the personal and sympathetic interest in patients, and the resourcefulness required of all workers will increase her appreciation of their work. The division of labor between nurse, social worker and doctor, is clearly shown and their interdependence each on the other is plainly indicated.

Rose Gore, with her car and pianola, and Dennis McDougal whose mother is helped by the Overseer of Public Welfare will show her that medical social service should cease to be a luxury available, as a rule, only to those whose incomes are small.

Miss Wulkop's comments on cases are an important feature of the book and can be used as a basis for discussion in study classes. Finally, Dr. Cabot's observations deserve careful attention. He challenges certain theories long held dear by many and indicates clearly the necessity of an ethical code for social workers.

RUTH FRENCH ADAMS.

Portland, Maine.

ATLAS OF HUMAN ANATOMY. By Carl Toldt, M.D. (Adapted to English, American and International Terminology by M. Eden Paul, M.D.) Two volumes. 985 pages. The Macmillan Company, New York. Price, \$10.

THIS Atlas is a reprint of a former edition which came in three volumes. The pages are 8 inches by 11 inches, giving ample space for the illustrations and nomenclature. Each section, of which there are six, is followed by a very detailed index, as well as an Appendix, in which the translator has given very concise and illuminating information. Many of the drawings are in two or three colors. The translator states that in each case they have been carefully drawn to scale from actual specimens.

While the Atlas is intended primarily for medical students, instructors in schools of nursing will find it invaluable for reference. Some of the details of the drawings may cause confusion to the student with little background, and the use of better paper would have enhanced their clearness in many instances.

With the printing of this Atlas at a reasonable price, a valuable collection of authoritative illustrations is now available for the average school of nursing whose library budget is somewhat limited.

STELLA GOOSTRAY, R.N., B.S.
Philadelphia, Pa.

GUIDE FOR INSTRUCTORS IN HOME HYGIENE AND CARE OF THE SICK. 78 pages. The American Red Cross, Washington, D. C. 1926.

THIS Guide, written in the form of a manual for instructors of Home Hygiene and Care of the Sick, has been revised and rearranged with the aim of filling the needs and desires of the authorized instructors, with the idea of securing greater uniformity in the method of presenting the information contained in the Red Cross Textbook, and with the very worthy purpose of assisting the Instructor who has not been specially prepared to teach or who may not be familiar with teaching methods as applied to the care of the sick in the home. This Guide fulfills these aims throughout.

The Manual for Instructors begins by outlining the objects and advantages of the Red Cross instruction in Home Hygiene and Care of the Sick. These objectives are divided into two groups—one stating the immediate advantages to the student; the other group, the advantages to the nation.

The bulk of the material in this Guide provides syllabi and outlines of the

Standard Course for high schools and adults and of the Modified Course planned for use of seventh and eighth grade pupils, "women who find the Standard Course too difficult, women with a limited knowledge of English and for men and boys whose interests in and uses for the Course would necessarily indicate an adaptation."

The syllabi are presented in outlines of units. The units are further outlined into exercises and suggestions so that the instructor of any one of the types of courses above mentioned would be able to follow the outline minutely in planning and teaching each lesson.

Supplementing the tables of contents of subject matter, and no less valuable, are twelve pages of material devoted to lesson plans—student practice and new type tests.

The Manual abounds in helpful suggestions for improving the course and for improving the teacher's own preparation; helps such as model lessons, including assignments, reference readings, substitute appliances, material for club work and individual projects for students, and a few well chosen illustrations in drawings and half tones. The authors of the Manual have shown exceptional understanding of the situations which they are trying to meet.

ELINOR E. NORLIN, R.N.

New York

A Review of the Report of the Committee on the Grading of Nursing Schools

FOR many years there has been much uninformed comment, from various sources, on the question as to what is wrong with the nursing situation, and as to the solution for these difficulties, if such exist.

Recently, I was given the opportunity of reading the report, with its five-year program, of the Committee on the Grading of Nursing Schools. One is immediately impressed with the seriousness of the effort, when he scans the personnel of the committee submitting this report. Not only are

there in this group representatives of seven national organizations, which interest themselves in the betterment of the practice of medicine and nursing, but there are six members-at-large, of this committee, who represent the educational field, the general practitioner, the patient and the hospital. The approach to this subject, therefore, has been made from all angles.

Could anything be more significant of a lack of bias and antagonism, and the presence not only of a sincere desire to know the truth concerning this problem, but also of a courage to face the findings, whatever they may be, than this statement, which appears in the introductory note of the committee's preliminary report: "The committee plans to keep its cards on the table, face upward?" If the spirit which is manifested in this statement can be maintained throughout these studies, none will dispute that this work has from the very start been founded upon a sound basis. Certainly a period of five years is none too much time for a thorough examination of this vexing problem, nor the expenditure of two hundred thousand dollars a too great price to pay, even though but a partial solution to the problems being studied be secured.

As has been intimated, one of the encouraging things, in regard to this survey of the nursing situation, is the apparent willingness of those associations and members participating, to lay aside suspicion and spurious group-pride, and to work together toward the attainment of a common end.

One wonders whether the statement that the doctor has been largely concerned with the quantity, the nurse with the quality, and the public with the cost of nursing, is always entirely true. Whether physicians and the public have always been content with the quality of service secured from the nurse, and whether the nurse has been the particular person dissatisfied with the kind of nursing service being furnished, will no doubt be developed as the study progresses. The writer has always been of the opinion, however, that the doctor has unduly concerned himself with the amount of money which the nurse charges for her work, and that the average practising physician has failed to appreciate either the fluctuation in the amount of work which the nurse can secure, or the actual living expenses to which she is subjected.

Again, one wonders whether the statement is universally true, that most instructors in

schools for nursing in this country know better what to teach than how to impart this information. It might be supposed that the nurse-instructor in a small hospital is an integral part of a faulty system of education, in which she perpetuates, not only improper teaching methods, but also unsound principles in technic. Great credit is certainly due to schools of nursing in smaller hospitals for the service which they are rendering to the hospital, even though finances are at an extremely low ebb, and though all must exert every effort to merely supply the basic wants of the sick.

Whether the school for nursing should be looked upon in the same light as it is—as an economic asset to the hospital—is not so much a matter of doubt, as is the possibility of the small hospital conducting its work without the aid of the student-nurse system.

How the hospital can properly educate the nurse, and at the same time care for its patients, still remains as a problem to be solved.

The discussion in this report of the six attributes, mentioned as necessary to the successful nurse, seems to the writer to be somewhat lengthy and irrelevant, in so far as the purpose of the report is concerned. To be sure, the nurse must have manual skill, qualities of leadership, persistence, knowledge of her duties, keenness and intuition, but of these attributes, the majority are God-given, and the others the teacher in the nursing school can with but varying success inculcate in the minds of her students.

It is encouraging to note that the committee recognizes the importance of bringing about in the hospital field a recognition of a need for improvement in teaching facilities and methods, and the creation of a desire for help from the outside. It would be, indeed, fatal for hospital nursing-schools to be led to believe that they are about to be reformed in spite of themselves.

Of course, the success or failure of this movement will depend upon the actual grading of the twenty-three hundred, or more, schools for nurses in this country. To learn much concerning each of these schools, in the space of time set aside by the committee for each school, will be a colossal undertaking, the success of which will depend upon the poise, tact and technical skill of the field workers. The writer has observed, on more than one occasion, an uncoöperative reaction in the minds of hospital people when unqualified inspectors, whose very personality failed to arouse respect, arrived on the scene with

pencil and pad, and proceeded to measure the hospital, usually from the superintendent's office, without having either the ability or the breadth of vision to gain, in so short a period of time, any true estimate of the hospital and its work.

Finally, one cannot help but be impressed by the fact that the preliminary deliberations of this committee, in so far as they are described in its report, have been pursued in a very thoughtful and comprehensive manner. The report, no doubt, will be criticized by some as being super-idealistic, but certainly in the materialistic world of today ideals are fine, and must precede any realization of the ends to be gained. There is much virtue in the definiteness of time allotted to this program, and in the preparation of a budget, setting forth probable requirements from the financial standpoint. One cannot help feeling, however, that the preliminary statement of the committee could have been expressed in somewhat fewer words, with the sparing of an occasional homely illustration, which appears to detract slightly from the dignity of the report. Moreover, the writer is old-fashioned enough to have felt somewhat disappointed because that person concerning whom "it is all about"—the patient—has received so little mention in the committee's report.

However, to one who has heard in the past decade so much bickering, and the expression of ill-considered opinions concerning the trouble with the nursing situation, and the solution therefor, it is both refreshing and encouraging to observe the inauguration of a study which appears so basically sound. There must, and will come from this committee's efforts a great good, provided it continues in its expressed belief that, "The future of the nurse is of more interest to others than to the nurse herself."

Philadelphia . . . JOSEPH C. DOANE, M.D.

Books Received

APPLIED BACTERIOLOGY FOR NURSES. 5th edition, entirely reset. By C. F. Bolduan, M.D., and Marie Grund, M.D. Illustrated. 236 pages. W. B. Saunders Company, Philadelphia. Price, \$2.

CHILD HEALTH DEMONSTRATIONS. Mansfield & Richland County, Ohio, 1922-1925. 354 pages. Distributed by American Child Health Association, New York. Price, \$1.

HOW I CAME TO BE. By Armenouhie T. Lamson. Illustrated. 179 pages. The Macmillan Company, New York. Price, \$1.75.

Official Directory

International Council of Nurses.—Headquarters secretary, Christiane Reimann, I Place du Lac, Geneva, Switzerland.

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Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

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